

IMPORTANT NOTES:

- In order for us to switch your **SALARY AND DEBIT** orders, we need you to supply us with some information.
- In this document we refer to **Old Mutual** as "**we**", "**us**" and "**our**" and the **Client** as "**you**" and "**your**".
- Where we set out options or require your confirmation, please make an X as applicable.

CLIENT DETAILS
Full Name(s) and Surname: _____

ID no: _____

Tel: _____ **Cell:** _____

E-mail: _____

Preferred method of communication? **SMS** **Cell** **E-mail**
SERVICES YOU REQUIRE
Switch your salary to be paid into your Old Mutual Money Account (Please Complete Employer Information)
Switch your Debit Orders to be deducted from your Old Mutual Money Account (Please Complete Annexure 1 - List of Debit Orders)
FROM THIS ACCOUNT ("Previous Account")
Account Holder: _____ **Account Number:** _____

Bank: _____ **Account Type:** _____

Branch Code: _____ **Branch Name:** _____

SWITCH TO YOUR ("OLD MUTUAL MONEY ACCOUNT")
Account Number: _____

Branch Code: _____ **Branch Name:** _____

EMPLOYER DETAILS
Employer: _____ **Employer Contact No:** _____

Employee No: _____ **Contact Person:** _____

Salary Day: _____

MORE ABOUT YOUR REQUEST ("the Terms")
Your authorities to us

- You authorise us to do the following on your behalf:
 - To carry out your salary switching request and contact and instruct your employer to pay your salary into your **OLD MUTUAL MONEY ACCOUNT** and do all other things necessary, including asking your employer to give us personal information or any other information related to the salary switching;
 - To carry out your debit order switching request and contact and instruct the persons you pay by debit order authority ("beneficiaries") to deduct debit orders from your **OLD MUTUAL MONEY ACCOUNT** and do all other things necessary, including requesting them to give us personal information or any other information related to the debit order; and

**Your Undertakings,
Indemnities and Waiver**

- To carry out your debit order switching request and contact and instruct the persons you pay by debit order authority ("beneficiaries") to deduct debit orders from your **OLD MUTUAL MONEY ACCOUNT** and do all other things necessary, including requesting them to give us personal information or any other information related to the debit order; and
- You authorise us to disclose all the information on this form to your employer and / or the beneficiaries listed on this form.
- You agree that this authority may only be revoked on written notice to us.

Our Undertaking

- You warrant that the information you gave us is correct. You understand that we cannot verify whether the information is correct and cannot be held responsible if the information supplied is incorrect or incomplete.
- You understand that we cannot be held liable for incorrect information supplied by your employer and / or other suppliers.
- You hereby indemnify us and will not hold us liable for any loss, damage, claims, charges or costs which you may suffer as a result of us acting in accordance with this request.
- You agree to waive (give up) any claim you may have against us arising from our performance of this request.
- Because we rely on your employer and / or other service providers to carry out this request, we cannot guarantee the date on which the salary and / or debit order switch will be done. You understand that it is your responsibility to keep enough money available in your Previous Account and in your new **OLD MUTUAL MONEY ACCOUNT**, until you are certain that your debit orders are being made against your new **OLD MUTUAL MONEY ACCOUNT**.

Signature

- We will try to keep you informed if any beneficiary failed to switch the debit order or if your employer refused to switch the account into your salary is paid to your **OLD MUTUAL MONEY ACCOUNT**.
- By signing below you confirm that you understand the Terms of this **SALARY AND DEBIT ORDER SWITCHING REQUEST** and all your questions about this request has been answered satisfactorily.

The Client

Initials and surname _____ Place _____

Date _____ Client signature _____

Consultant

Initials and surname _____

Employee code _____ Place _____

Date _____ Consultant signature _____