OLD MUTUAL

# STATEMENT OF NEW ENTRANT – GROUP LIFE ASSURANCE/PENSION FUND

**PLEASE COMPLETE IN DUPLICATE**

**FUND CODE: ……..** **FUND NAME: …….**

| MUTUAL REF NO | DATE OF BIRTH | NAME OF EMPLOYEE (SURNAME AND FIRST NAMES) | DATE OF JOINING COMPANY Year Month | DATE OF JOINING FUND Year Month | GENDER | ANNUAL SALARY | MULTIPLE | GROUP LIFE ASSURANCE COVER | REMARKS |
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*I hereby certify that the foregoing statements are strictly true and correct that the employee(s) has/have fulfilled the eligibility conditions as set out in the rules and that the employees (s) was/were in active employment on the first working day of joining the Pension Fund.*

**NAME** **SIGNATURE** **DESIGNATION** **DATE**

**EMPLOYER OFFICIAL STAMP**