momentum

Employee Benefits

Client reference number

Section 1: FundsAtWork Umbrella Fund
Beneficiary Nomination Form (Expression of wish)

Section 1a: Member details

Title | Initial/s | First name

Surname

Date of birth - -

RSA ID | Yes | No | Identity/Passport number

Passport country of origin

Residential address

Postal code

Postal address

Postal code

Telephone - work | Fax

Telephone - home | Cellphone number

Email address

Employer's name

Employee number

Type of fund | Pension fund | Provident fund

Name of fund

Section 1b: Dependants details

DEPENDANT means a person in respect of whom the member is legally liable for maintenance or a person in respect of whom the member is not legally liable for maintenance but who is financially dependent on the member, eg children, spouse and parents.

Name and Surname	Relationship	Date of birth	% allocation

* Please ensure that the percentage allocation adds up to 100%

Client reference number

Section 1c: Beneficiary details

Section 37C of the Pension Funds Act governs the distribution of benefits on a member's death. You may nominate any person to receive any part of the benefit payable. However, the trustees have a duty under the Act to apportion the benefits equitably between your beneficiaries and as such will only distribute benefits to your nominees once the needs of the dependants have been met. Your nomination will assist the trustees in making these decisions. Please be advised that the trustees cannot allocate any money to a nominee unless you have named them and suggested an allocation.

NOMINEE means a person who is not a dependant and is nominated in writing to receive benefits upon the member's death.

As a guide to the trustees, I nominate the following people as beneficiaries of my benefit in the fund, upon my death.

Title 1. Initial/s First name

Surname

Relationship

RSA ID Yes No Identity/Passport number

Passport country of origin

Telephone Cellphone number

% Share %

Address

Dependant Yes No

Is there an existing trust for this beneficiary? Yes No

If yes, please provide the following details:

Name of the trust

Full names of administrator

Administrator's email address

Administrator's contact number

Title 2. Initial/s First name

Surname

Relationship

RSA ID Yes No Identity/Passport number

Passport country of origin

Telephone Cellphone number

% Share %

Address

Dependant Yes No

Is there an existing trust for this beneficiary? Yes No

If yes, please provide the following details:

Name of the trust

Full names of administrator

Administrator's email address

Administrator's contact number

Title 3. Initial/s First name

Surname

Relationship

RSA ID Yes No Identity/Passport number

Passport country of origin

Telephone Cellphone number

% Share %

Client reference number

Section 1c: Beneficiary details (continued)

Address

Dependant Yes No

Is there an existing trust for this beneficiary? Yes No

If yes, please provide the following details:

Name of the trust

Full names of administrator

Administrator's email address

Administrator's contact number

Title 4. Initial/s First name

Surname

Relationship

RSA ID Yes No Identity/Passport number

Passport country of origin

Telephone Cellphone number

% Share %

Address

Dependant Yes No

Is there an existing trust for this beneficiary? Yes No

If yes, please provide the following details:

Name of the trust

Full names of administrator

Administrator's email address

Administrator's contact number

Title 5. Initial/s First name

Surname

Relationship

RSA ID Yes No Identity/Passport number

Passport country of origin

Telephone Cellphone number

% Share %

Address

Dependant Yes No

Is there an existing trust for this beneficiary? Yes No

If yes, please provide the following details:

Name of the trust

Full names of administrator

Administrator's email address

Administrator's contact number

Section 1c: Beneficiary details (continued)

Title	6.	Initial/s		First name	
Surname					
Relationship					
RSA ID	Yes	No		Identity/Passport number	
Passport country of origin					
Telephone				Cellphone number	
% Share	%				
Address					
Dependant	Yes	No			
Is there an existing trust for this beneficiary?	Yes	No			

If yes, please provide the following details:

Name of the trust	
Full names of administrator	
Administrator's email address	
Administrator's contact number	

Section 2: Self standing (unapproved) death benefit

Beneficiary Nomination Form

The payment of death benefits under a self standing (unapproved) group life policy is governed by the policy conditions and the trustees have no jurisdiction over the distribution of the benefit. Therefore this section of the form constitutes a true nomination of the self standing (unapproved) group life benefit.

Please confirm with your employer if your benefit is self standing or provided by the fund before completing this section of the form.

Name and Surname	Date of birth	% allocation	Contact details

* Please ensure that the percentage allocation adds up to 100%

Important Note

If your circumstances change, ie you get married or divorced, or if a child is born, or a beneficiary dies and you want to change your dependant details and/or beneficiary nomination, you must complete a new form obtainable from Momentum. A copy of this completed form must be handed to your employer for safekeeping. You may also log onto our website at www.momentum.co.za/fundsatwork and change your beneficiary nomination electronically.

Signed at

Member's signature

Date D D - M M - 2 0 Y Y

Completed form to be faxed to 012 675 3970 or emailed to clientcontactcentre@momentum.co.za. A copy of this form must be kept on file with your human resources department.

Momentum Group Limited 268 West Avenue Centurion 0157 PO Box 7400 Centurion 0046 South Africa
ShareCall 0860 65 75 85 Fax +27 012 675 3970 clientcontactcentre@momentum.co.za www.momentum.co.za/fundsatwork
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