

FundsAtWork Beneficiary nomination form

Member number

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Insurance only scheme

Section 1: Member details

Title	<input type="text"/>	Initial/s	<input type="text"/>	First name	<input type="text"/>	
Surname	<input type="text"/>					
Date of birth	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	
RSA ID	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Identity/	Passport number	<input type="text"/>	
Passport country of origin	<input type="text"/>					
Residential address	<input type="text"/>					
	<input type="text"/>				Postal code	<input type="text"/>
Postal address	<input type="text"/>					
	<input type="text"/>				Postal code	<input type="text"/>
Telephone - work	<input type="text"/>			Fax	<input type="text"/>	
Telephone - home	<input type="text"/>			Cellphone number	<input type="text"/>	
Email address	<input type="text"/>					
	<input type="text"/>					
Employer's name	<input type="text"/>					
Employee number	<input type="text"/>					

Section 2: Beneficiary Nomination

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 nominate your beneficiaries and indicate the percentage allocation to each.

Name and Surname	Date of birth	% allocation	Contact details
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

* 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 beneficiary nomination, you must complete a new form obtainable from Momentum FundsAtWork. 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

<input type="text"/>	Date <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Member's signature

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.

Note

We recommend that you contact your financial adviser before you make any changes to your product option, benefits and beneficiaries.