momentum

FundsAtWork Umbrella Funds Divorce order claim form by non-member spouse

															Member number									ber		
The following documents must accor A certified copy of the divorce order. A certified copy of the complete settle A certified copy of member's ID/ Pass A certified copy of the non-member s cancelled cheque. A certified copy of the non-member s	emen sport pous	it agre	emen	t. iteme	ent ı	not o	lder	than thre	ee m	onth	ıs (n	o ATN	M o	r int	ern	et st	ate	men	ıt w	ill b	e ac	cer	oted)) or	а	
Section 1: Fund and employ	er (deta	ils														Π		Π	Π	Π	Π		Π		
Type of fund	Pe	ension	fund			Pro	ovide	ent fund																		
Name of fund																										
Name of employer																										
Section 2: Member details																	_		_	_		_		_		_
Title					Initi	al/s			F	irst	name	,														
Surname		T							Ť								T					T				
Date of birth	D	D	- M	M	-	Υ	Υ	YY																		
RSA ID	Ye	es		No		T			I	Identity number												Г				
Telephone - work		T													F	ах	ī				Ī	Ī	Ī	Ī		
Telephone - home						Ì					C	ellph	one	e nu	ımb	er						Ī	Ī	Ī		
Email address																										
Section 3: Non-member spo	use	e de1	ails														_	_	_	_		_	_	_	_	_
Title				7	Initi	al/s				First name																
Surname									Ť								T	Ħ			T	T	T	T		
Date of birth	D	D	- M	M	-	Υ	Υ	YY																		
RSA ID	Ye	es		No		T			I	den	tity n	umbe	er													
Residential address		$\overline{\Box}$				T							Ī	i			T				T	T	Ī	T		
Postal address						Ť							Ť				T				Ī	Ī	Ī	Ī		
Income tax number		T				Ť	Ì																			
Tax Office		$\overline{\Box}$				Ť																				
Telephone - work						Ī									F	ах		П								
Telephone - home		$\overline{\Box}$				T					C	ellph	one	e nu	ımb	er	T	$\overline{\Box}$				П				
Email address		T					Ť										T					Π	T	П		

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Section 4: Withdrawal details If you belong to the pension fund, complet If you belong to the provident fund, complet If you belong to both, complete both the pe Cash withdrawals are subject to income ta	e the ete th	pen ne pro	sion ovid	fund ent fu	l opti	optio		ons.																					
Pension Fund																													
take the whole benefit in cash;																													
transfer the whole benefit to an appr	roved	d per	sior	n fund	d, ap	prov	/ed	pens	ion	pre	ser	vatio	on f	und	or a	ppr	ove	d r	etir	em	ent	anı	nuit	y fu	nd;				
take a portion of the benefit in cash Indicate the rand amount/percentag									_	ed p	ens	ion	1	d or or	арр	rov	ed r	\neg	ren %	nen	t ar	ınui	ity fu	und;	,				
transfer a portion of the benefit to an	n ann	rove	d ret	tirem	ent a	ลททเม	ıit∨ f	und	and	l the	bal	land	ce to	o an	ann	rov	ed i	nei	nsic	on r	res	erv	atic	n fu	ınd				
Indicate the rand amount/percentage							•								٠.					· · · · ·		1	or		Ĭ	I	%		
Provident Fund																													
take the whole benefit in cash;																													
transfer the whole benefit to an approvident preservation or approved					, ,		/ed	provi	ider	nt fu	nd,	арр	orov	ed p	ens	ion	pre	se	rva	tion	ı, ap	pro	ove	t					
take a portion of the benefit in cash retirement annuity fund;	and t	trans	fer t	he ba	aland	ce to	an	appr	rove	ed p	ens	ion	fun	d, a	opro	ved	l pro	ivc	der	nt fu	ınd	or a	appı	rove	ed:				
Indicate the rand amount/ percentage	ge yo	u wa	nt to	o with	ndrav	w in	casl	h R						or					%										
transfer a portion of the benefit to an provident preservation fund.	n app	rove	d pe	ensior	n pre	serv	/atic	n fur	nd c	or ap	prc	oved	d ret	iren	nent	anı	nuit	y fı	und	an	d th	ıe b	ala	nce	to a	ın ap	opro	ved	
Indicate the rand amount/ percentag	je tra	nsfe	r to t	the a	ppro	ved	retir	reme	nt a	annı	iity '	fund	d F	₹					or				\perp	%)				
Section 4a: Bank account de	tail	s (i	f c	ash	wa	as s	sel	ect	ed)												Π							
Name of account holder (ex-spouse)																							Т	Т					
Bank name																		Ì											
Account type	Cu	rrent	/Che	eque			Sa	aving	s			Tr	ans	miss	sion														
Account number																	Е	3ra	nch	CO	de] -			_		
						_		_											_			_	_	_	_		_		
Section 4b: FNB Smart Acco		•		•		-										_	_	aı	nk	ac	CCC)UI	_			7	_		
Would you like Momentum FundsAtWork t I voluntarily authorise Momentum FundsAt														-				n o t	l h	01/0	roc	ad		es Ioroi	tood	Long		00 n	tod
the content in Appendix A. The money in the favour of Momentum FundsAtWork will ari	he Fi	NB a	ccou	unt w	ill on	ıly be	e ma	ade a	avai	ilabl	e oı	nce	I ha	ave	orod	uce	ed th	ne	req	uire	ed d	docu	ume	enta					
Once the FNB account has been opened,	Mom	nentu	ım F	unds	AtW	ork '	will	notify	у ус	ou vi	a sr	ms.																	
The closest FNB Branch to me is																							L	L					
Member's signature																	Da	ate			D	- [M	М] -[2	0	Υ	Υ
Witness 1																	Da	ate			D	-	M	M		2	0	Υ	Υ
Witness 2																	Da	ate			D	- [M	M] - [2	0	Υ	Υ

Member number

Section 4c: Transfer details	if trans	fer w	as s	selec	cted)																
Name of receiving fund																					
Bank name																					
Branch																					
Type of account																					
Branch								В	ank b	ranch	n co	de					-				
Financial adviser's name																					
Financial adviser's code																					
Financial adviser's Telephone work - (code	e number)																				
Financial adviser's Fax work - (code num	ber)																				
Financial adviser's email address																					
Note:																					
 A transfer of benefits to another appro 	ved fund w	ill not a	ittract	any ta	ax.																
 While this claim is being processed, the benefit being reduced due to volatile reduced. 			laced	in Mo	mentu	m Fu	ndsAt	Worl	k's ba	nk ac	cou	ınt i	n ord	er to	əlimi	nate	the	pos	sibility	of th	ne
Section 5: Declaration by no	n-meml	oer s	pou	se																	_
I																	(full n	ames)	
 declare that: all particulars furnished in this form and payment by electronic transfer shall confide the Fund; the benefit payment options available after seeking relevant financial advice benefit paid will be subject to the Fund. 	onstitute ful to me, as v , I confirm t	ll and fi vell as that the	nal se	x impli	cation	s ther	eof, h	ave	been	expla	aine	d to	me i	n full;	and						1e
Signed at																					
Non-member spouse signature												Dat	e D	D	-[М	M	- 2	2 0	Y	Υ

- Please note that the administrator will only process the claim if the divorce order complies with Section 7(8) of the Divorce Act read together with Section 37D of the Pension Funds Act.
- 2. The completed form together with the supporting documents must be faxed to 012 675 3970 or emailed to clientcontactcentre@momentum.co.za.

Member number