

**FundsAtWork Umbrella Fund
Acceptance of quotation and installation document (Page 1 of 4)**

Name of employer on quote	<input type="text"/>		
Quote number or code	<input type="text"/>	Date of issue	<input type="text"/> - <input type="text"/> - <input type="text"/>
Benefit structure number	<input type="text"/>	Expiry date	<input type="text"/> - <input type="text"/> - <input type="text"/>
Version number	<input type="text"/>		

Please submit this form to FAWInstallations@momentum.co.za before the scheme start date, together with a copy of the accepted quote.

If the data provided at installation differs from the data on this accepted quote, Momentum will do a re-costing and inform the employer accordingly. In this case the revised quote may contain different costs.

Fund choice

This quotation is valid for participation in either the FundsAtWork Umbrella Pension Fund or FundsAtWork Umbrella Provident Fund. Please select by ticking one of the boxes below.

For participation in the FundsAtWork Umbrella Pension Fund FundsAtWork Umbrella Provident Fund

Employer details and scheme start date

Scheme start date - -

Registered name of employer

Please attach a copy of the employer's letterhead. Please complete the following information if not clearly stated on the letterhead.

Company registration number

Physical address

Postal code

Postal address

Postal code

Delivery details

All member communication, including the welcome packs, will be sent to the members directly if we have a valid email address on record for them. The employer portal user will be notified when communication is issued and they can distribute to the members who don't have email. The employer can request Momentum to print and deliver welcome packs for members who don't have email. All other communication (special rules, policy documents) will be sent to the employer or the financial adviser appointed to the scheme.

Please indicate if you would prefer this communication to be sent to the: Employer Financial adviser appointed to the scheme

Name of contact person and cellphone number

Email address

Physical address

Postal code

Advisory body

The advisory body representatives are authorised to sign documentation in respect of the employer's participation in the FundsAtWork Umbrella Pension / Provident Fund. You may not have more employer representatives than member representatives. The minimum number of advisory body members is two, one employer representative and one member representative.

Number of advisory body representatives Employer representatives Member representatives

Details of advisory body members

If all the advisory body member details are not provided with this form, the representatives will be required to complete the form entitled *MEB084-FundsAtWork Umbrella Funds Advisory body change of details* form that is available under Forms and Documents on www.momentum.co.za/fundsatwork.

	Advisory body member 1	Advisory body member 2	Advisory body member 3	Advisory body member 4
Title, first name and surname	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ID number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Work phone number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cellphone number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Employer representative or member representative	Employer representative <input type="checkbox"/> OR Member representative <input type="checkbox"/>	Employer representative <input type="checkbox"/> OR Member representative <input type="checkbox"/>	Employer representative <input type="checkbox"/> OR Member representative <input type="checkbox"/>	Employer representative <input type="checkbox"/> OR Member representative <input type="checkbox"/>
Sample signature	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Initials of the signatory
i.e. MD or FD of the employer or authorised signatory of the employer

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Name of employer on quote

Authorised person and employer portal super-user

The person stated below is authorised to receive documents and information from Momentum and provide documents and information to Momentum on behalf of the employer, that are necessary to administer the scheme. This person is also authorised as a super-user for the employer portal, which means that they will be required to notify Momentum if there are any changes to the level of access required for employer portal users, if new users must be added or any users must be removed.

Before selecting the person below, please ensure that you have read, understood and accept all the conditions of the booklet entitled "Your quote in detail" as it applies to your proposed scheme and participation in the FundsAtWork Umbrella Pension / Provident Fund, including those applicable for usage of the employer portal.

Super-user: Title, first name and surname

Super-user: ID number

Super-user: Email address

Super-user: Cellphone number Work number

The super-user is required to complete the form entitled MEB085-Employer portal authorisation form that is available under Forms and Documents on www.momentum.co.za/fundsatwork or utilise the facility available on the employer portal to assign access to additional employer portal users. This includes authorisation of additional users to either view or change information, load claims and confirm the contributions and premiums for each month, and/or assign a 2nd Authoriser for the purpose of claim submissions and payment of the contributions and premiums.

Additional employer portal users

This section must only be completed if the super-user wants to assign access to an independent person who is not a member of the scheme or the financial adviser appointed to the scheme.

	Employer portal user 1	Employer portal user 2	Employer portal user 3	Employer portal user 4
Title, first name and surname	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ID number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Work phone number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cellphone number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Existing user ID for employer portal	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pay point the user must have access to	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Level of access required (Each user must be assigned one role only, but they may have access to more than one pay point)	View & change <input type="checkbox"/> View only <input type="checkbox"/> OR 2nd Authoriser for claims <input type="checkbox"/> 2nd Authoriser for contributions <input type="checkbox"/>	View & change <input type="checkbox"/> View only <input type="checkbox"/> OR 2nd Authoriser for claims <input type="checkbox"/> 2nd Authoriser for contributions <input type="checkbox"/>	View & change <input type="checkbox"/> View only <input type="checkbox"/> OR 2nd Authoriser for claims <input type="checkbox"/> 2nd Authoriser for contributions <input type="checkbox"/>	View & change <input type="checkbox"/> View only <input type="checkbox"/> OR 2nd Authoriser for claims <input type="checkbox"/> 2nd Authoriser for contributions <input type="checkbox"/>

Transfers from previous fund (Section 14) and take-over of existing insurance cover

Complete this section if assets are to be transferred from a previous fund to the FundsAtWork Umbrella Pension / Provident Fund (Section 14).

Name of previous fund / scheme

If the previous scheme was on the FundsAtWork Umbrella Fund provide the group code

Administrator

Name and surname of contact person

Email address

Phone number

Complete this section if existing insurance cover is being taken over from another underwriter.

Name of previous fund / scheme

Underwriter (insurance benefits)

Please attach the letter from the previous underwriter on their letterhead showing the accepted covers including any terms and conditions. If the letter is not attached at installation stage then the free cover limit as quoted will apply.

Are there members in receipt of disability income benefits? Yes No

If yes, please supply the names of these members, indicating that they are disability claimants.

Initials of the signatory
i.e. MD or FD of the employer or authorised signatory of the employer

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Name of employer on quote

Retirement contributions and insurance premium deductions

Momentum is authorised to collect the monthly retirement fund contributions and insurance premiums, after confirmation, from the following bank account.

Bank
 Branch name
 Branch code
 Account number
 Account name
 Account type Current Transmission Savings

Reminder date and preferred deduction day

An email will be sent monthly on the reminder date requesting updated data for the premium reconciliation. Further reminders are sent from 5 days before the preferred deduction day. Deductions may be done on any pre-defined day during the period from the 15th up to the 5th of the each month, monthly in arrears.

Reminder date & preferred deduction day Reminder date Preferred deduction day

Person liable for payment of retirement fund contributions

The Pension Funds Act (the Act) requires that funds ask employers to tell them who the person is that will be held personally liable for ensuring compliance with section 13A of the Act. This includes the deduction and payment of contributions, submission of the reconciliation and ensuring that contributions and reconciliations are submitted to the fund on time. If the employer does not nominate a person responsible for making sure that contributions are paid, the MD of the company (if the employer is a company), all the members of a close corporation (if the employer is a CC) or all persons of the governing body of the who are regularly involved in the management of the overall financial affairs, will be held liable if contributions are not paid.

Title, first name and surname
 Designation
 Email address
 Work number and cellphone number

Financial adviser appointment and commission

The following broker house and financial adviser is appointed to the scheme from the scheme start date stated below and is authorised to receive the

Financial adviser name Broker code
 Broker house name House code
 Additional voluntary contributions (AVCs) may be included or excluded for the purpose of commission. Include AVCs Exclude AVCs
 Financial adviser's signature Date signed - -

To be signed by the managing director or financial director of the employer

By signing this document you, the employer, are confirming that:

1. you have read, understood and accept all the conditions of the booklet entitled "Your quote in detail" as it applies to your proposed participation in the FundsAtWork Umbrella Pension / Provident Fund and that you have been fully apprised under the Disclosure in terms of the Financial Advisory and Intermediary Services Act (the FAIS Act);
2. the employees have been informed in writing of the eligibility requirements, contributions that will be paid and the benefits that will be provided according to this quote acceptance and installation document and the accompanying "Your quote in detail" booklet and that if members are joining from another fund they have been informed of the impact of the transfer; and
3. all eligible employees will become members of the FundsAtWork Umbrella Fund.

Special rules and policies will be prepared based on this quote acceptance.

Title, first name and surname
 Email address
 Work number and cellphone number
 Designation / Capacity
 Signature Date signed - -

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Name of employer on quote

Advisory body's product option and investment choice

When a scheme is first installed the advisory body is requested to choose the default product option and the investment portfolio/s. This choice by the advisory body does not constitute advice as it is made outside the Fund.

- When you are completing this part of the form please ensure that it matches the product option/s shown in the quote.
- If no selection is made the default product option for all members of the scheme will be the product option stated on the quote.
- For all options other than Core, if an investment portfolio is not selected, Momentum will not continue with the installation process until a selection is made.

Before selecting the investment portfolio, please ensure that you read, understand and accept all the conditions of the booklet entitled "Your quote in detail" as it applies to the scheme and participation in the FundsAtWork Umbrella Pension / Provident Fund.

The Default Investment Portfolio is currently invested in the Momentum Enhanced Lifestages portfolio.

Product options:

	Core	Founder	Provider	Entrepreneur
Select the default product option/s by placing a tick in the appropriate box	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

All members in the Core product option will be invested in Momentum Passive Lifestages.

Investment portfolios:

Select the investment portfolio/s by placing a tick/s in the appropriate box

	Founder % of contributions	Provider % of contributions	Entrepreneur % of contributions	
Default Investment Portfolio	N/A		N/A	%
Momentum Smart Guaranteed +3				%
Momentum Enhanced Lifestages portfolio	N/A			%
Momentum Enhanced Factor 7 (CPI+7%)	N/A			%
Momentum Enhanced Factor 6 (CPI+6%)	N/A			%
Momentum Enhanced Factor 5 (CPI+5%)	N/A			%
Momentum Enhanced Factor 4 (CPI+4%)	N/A			%
Momentum Enhanced Factor 3 (CPI+3%)				%
Momentum Classic Lifestages portfolio	N/A			%
Momentum Classic Factor 7 (CPI+7%)	N/A			%
Momentum Classic Factor 6 (CPI+6%)	N/A			%
Momentum Classic Factor 5 (CPI+5%)	N/A			%
Momentum Classic Factor 4 (CPI+4%)	N/A			%
Momentum Classic Factor 3 (CPI+3%)	N/A			%
Momentum Target Lifestages portfolio	N/A			%
Momentum Target Factor 7 (CPI+7%)	N/A			%
Momentum Target Factor 6 (CPI+6%)	N/A			%
Momentum Target Factor 5 (CPI+5%)	N/A			%
Momentum Target Factor 4 (CPI+4%)	N/A			%
Momentum Target Factor 3 (CPI+3%)	N/A			%
Momentum Multi-Manager Shari'ah	N/A			%
Momentum Passive Lifestages	N/A	N/A		%
Momentum Money Market	N/A	N/A		%

Other Regulation 28 compliant portfolios. Please include the Full name of the investment portfolio/s and portfolio number.

You can find the full list on www.momentum.co.za/fundsatwork

	N/A	N/A		%
	N/A	N/A		%
	N/A	N/A		%
Total allocation must add to 100%	100	100	100	%

Notes

- If a life stage portfolio is chosen then 100% of the contributions have to be invested in the portfolio.
- This instruction will be effective after the 1st month's contributions have been paid.
- Momentum will not be liable for any losses the members incur if the information is unclear, illegible or incorrect in any way.
- You will receive a copy of the group holdings report as confirmation of the implementation of this investment choice.

You are required to inform us within 10 calendar days of sending this instruction to Momentum if your instruction was not executed or was executed incorrectly. Momentum will not accept any liability or responsibility whatsoever of any losses incurred resulting from the non-execution or incorrect execution of your instruction.

To be signed by the managing director or financial director of the employer or the representative authorised to sign documents on their behalf

Title, first name and surname

Designation / Capacity

Signature

Date signed - -