

Children's education benefit nomination form

This form is to let Momentum Corporate know who should receive the benefit for your child if you pass away. Please complete the fields provided. Use the tab key to move from one field to the next. **Please complete separate forms for each child.**

Section A - Scheme details

Scheme name	<input type="text"/>	Scheme ref.	<input type="text"/>
Employer name	<input type="text"/>		
Employer branch name or no.	<input type="text"/>		

Section B - Member's details

Title	<input type="text"/>	Initial/s	<input type="text"/>
First name(s)	<input type="text"/>		
Surname	<input type="text"/>		
RSA ID	Yes <input type="checkbox"/>	No <input type="checkbox"/>	ID/passport number <input type="text"/>
Passport country of origin	<input type="text"/>		
Member ref. no. (if known)	<input type="text"/>		

Section C - Child's details

First name(s)	<input type="text"/>		
Surname	<input type="text"/>		
Date of birth	<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"/>	RSA ID (if available)	<input type="text"/>

Section D - Nominated beneficiary detail

Please complete the details of the person who will receive the benefit on the child's behalf.

First name(s)	<input type="text"/>		
Surname	<input type="text"/>		
Date of birth	<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"/>	RSA ID (if available)	<input type="text"/>
RSA ID	Yes <input type="checkbox"/>	No <input type="checkbox"/>	ID/passport number <input type="text"/>
Passport country of origin	<input type="text"/>		
Cellphone number	<input type="text"/>	Alternative Number	<input type="text"/>
Street address	<input type="text"/>		
	<input type="text"/>	Postal code	<input type="text"/>
Email address	<input type="text"/>		
Relationship to child	Parent <input type="checkbox"/>	Guardian <input type="checkbox"/>	<input type="checkbox"/> Other (please specify) <input type="text"/>

Section E - Member declaration

I declare that all the information provided in this form is true and correct. I indemnify the Fund and their administrator, Momentum Corporate, against any claim, loss and/or damage that may arise from executing the choices in this form. I agree that Momentum may process all information that I provide on this form. I understand that the information will be processed in line with the Protection of Personal Information Act, 2013, and Momentum's strict policies on protecting the confidentiality of my personal information.

I agree that Momentum may use my personal information to provide and administer retirement fund investment and insurance products and share my personal information with Momentum's partners and contracted service providers, who are legally bound to protect the information.

[Click here](#) to read the full privacy policy for Momentum.

Signed at

 - -

Signature

Date

When you want to print the form to complete by hand you can turn off the field highlights by selecting the "highlight existing fields" on the top right hand corner of your screen.

Momentum Metropolitan Life Limited

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