

Children’s Education Benefit Nomination Form

Complete in BLOCK LETTERS or tick where applicable

This form is to let Momentum know who should receive the benefit for your child, if you die.

Please complete separate forms for each child.

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"/>		

B - Member’s details

Member’s title	<input type="text"/>	Initials	<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 No.	<input type="text"/>
Member ref. no. (if known)	<input type="text"/>		

C - Child’s details

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

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"/>		
RSA ID	Yes <input type="checkbox"/> No <input type="checkbox"/>	ID/Passport No.	<input type="text"/>
Street address	<input type="text"/>		
	<input type="text"/>	Postal code	<input type="text"/>
Telephone number	<input type="text"/>	Mobile number	<input type="text"/>
Email address	<input type="text"/>		
Relationship to child	Parent <input type="checkbox"/>	Guardian <input type="checkbox"/>	Other (please specify) <input type="text"/>

E - Member declaration

I hereby declare that the information furnished above is true and correct. I further indemnify Momentum Metropolitan Life Limited against any action or liability that may arise as a result of any error or incorrect information supplied with this form.

Signature

Date