

**FundsAtWork Insurance Only**  
**Acceptance of quotation and installation document (Page 1 of 3)**

Name of employer on quote	<input type="text"/>		
Quote number or code	<input type="text"/>	Date of issue of quote	<input type="text"/> - <input type="text"/> - <input type="text"/>
Benefit structure number	<input type="text"/>	Expiry date of quote	<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. If the industry or geographic region differs, the quote will not be valid and will need to be reissued. In this case the revised quote may contain different costs and benefits.

**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

**Broker appointment and commission**

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

Broker name  Broker code

Broker house name  House code

Broker's signature  Date signed  -  -

**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 for example 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

Physical address

Postal code

**Insurance premium deductions**

Momentum is authorised to collect the monthly insurance premiums after they have been confirmed, from the following bank account.

Bank

Branch name  Branch code

Account name

Account number and account type  Current  Savings  Transmission

An email will be sent monthly on the reminder date requesting updated member 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

**Take-over of existing insurance cover**

**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 receiving income disability 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

Name of payroll provider

**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, 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](http://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 premiums for each month, and/or assign a 2nd Authoriser for the purpose of claim submissions and payment of the 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 <small>(Each user must be assigned one role only, but they may have access to more than one pay point)</small>	View & change <input type="checkbox"/> View only <input type="checkbox"/> OR 2nd Authoriser for claims <input type="checkbox"/> 2nd Authoriser for premiums <input type="checkbox"/>	View & change <input type="checkbox"/> View only <input type="checkbox"/> OR 2nd Authoriser for claims <input type="checkbox"/> 2nd Authoriser for premiums <input type="checkbox"/>	View & change <input type="checkbox"/> View only <input type="checkbox"/> OR 2nd Authoriser for claims <input type="checkbox"/> 2nd Authoriser for premiums <input type="checkbox"/>	View & change <input type="checkbox"/> View only <input type="checkbox"/> OR 2nd Authoriser for claims <input type="checkbox"/> 2nd Authoriser for premiums <input type="checkbox"/>

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

By signing this document you, the employer, are confirming that you have read, understood and accept all the conditions of the booklet entitled "Your quote in detail" as it applies to your scheme and that you have been fully appraised under the Disclosure in terms of the Financial Advisory and Intermediary Services Act (the FAIS Act).

As the holder of the group insurance policy / policies underwritten by Momentum Metropolitan Life Limited you have informed your employees and that their personal information as described in their contract of employment will be shared with the underwriter.

Policy documents will be prepared based on this quote acceptance.

Title, first name and surname

Designation / Capacity

Signature

Date signed  -  -

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Name of employer on quote

**Financial Intelligence Centre Amendment Act (FICAA)**

The FICAA requires Momentum to identify and verify all clients with whom we conduct business. This identification process requires information of the legal entities and all individuals that are a beneficial owner, that is have more than 25% ownership or decision-making ability.

Question 1:

Does any shareholder, legal entity, person or member own more than 25% of the issued share capital or interest in the company? Yes  No

Question 2:

Is any person within the management structure a prominent influential person (PIP) or a known close associate of a PIP? Yes  No

If you ticked yes in any of the blocks, please provide the personal information of each person in the table below. If the company structure is complex, please include a company organogram.

	Person 1	Person 2	Person 3	Person 4
Designation or relationship to company				
Name and surname				
Date of birth				
ID number or passport number if not South African				
Passport country of origin				
Residential address				
Cellphone number				
Email address				
Details related to beneficial owner or PIP				

	Person 5	Person 6	Person 7	Person 8
Designation or relationship to company				
Name and surname				
Date of birth				
ID number or passport number if not South African				
Passport country of origin				
Residential address				
Cellphone number				
Email address				
Details related to beneficial owner or PIP				

It is employer's responsibility to notify Momentum if there are any changes to the management structure that would have an effect on question 1 and 2 above.

The employer's continued relationship with Momentum is dependent on us being able to identify them and all parties that have an influence on the direction of the company.

**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  -  -