

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

Name of employer on quote

Quote number or code  Date of issue  -  -

Benefit structure number  Expiry date  -  -

Version number

**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

**Member and employer communication**

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 portal user can request Momentum to print and deliver welcome packs for members who don't have email. The **employer 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](http://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

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 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](http://www.momentum.co.za/fundsatwork) or use 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 to 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	View & change <input type="checkbox"/> View only <input type="checkbox"/> OR	View & change <input type="checkbox"/> View only <input type="checkbox"/> OR	View & change <input type="checkbox"/> View only <input type="checkbox"/> OR	View & change <input type="checkbox"/> View only <input type="checkbox"/> OR
Each user must be assigned one role only, but they may have access to more than one pay point	2nd Authoriser for claims <input type="checkbox"/> 2nd Authoriser for contributions <input type="checkbox"/>	2nd Authoriser for claims <input type="checkbox"/> 2nd Authoriser for contributions <input type="checkbox"/>	2nd Authoriser for claims <input type="checkbox"/> 2nd Authoriser for contributions <input type="checkbox"/>	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 of 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 any members receiving disability income benefits? Yes  No

If yes, please supply the names of these members on the installation data template, indicating that they are disability claimants on the column "Income disability claimant".

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

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, every director who is regularly involved in the management of the company's overall financial affairs (if the employer is a company), every member who controls or is regularly involved in the close corporation's overall financial affairs (if the employer is a CC) or every person according to whose directions or instructions the governing body or structure of the employer acts, or who controls or is regularly involved in the management of the overall financial affairs, will be held liable if section 13A is not complied with.

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 commission.

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 appraised 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 another fund they have been informed of the impact of the transfer;
3. all eligible employees will become members of the FundsAtWork Umbrella Fund; and
4. as the employer participating in the FundsAtWork Umbrella Provident Fund you have informed your employees that their personal information as described in their contract of employment will be shared with Momentum Metropolitan Life Limited the Fund's administrator.

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**

Please complete the form: FundsAtWork Umbrella Funds choice of default investment portfolio at installation

**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 no 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  -  -