

Children's Education Benefit Claim Form

Complete in **BLOCK LETTERS** or tick where applicable

Please use this form when you are claiming a children's education benefit for the first time. For future payments, please use GR505 the Children's Education Benefit update form.

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"/>
Date of birth	<input type="text"/>	<input type="text"/>	Member ref. no. <input type="text"/>
Marital status	Married <input type="checkbox"/>	Single <input type="checkbox"/>	Divorced <input type="checkbox"/>
			Widowed <input type="checkbox"/>
Date of death	<input type="text"/>		
Cause of death	<input type="text"/>		

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"/>
RSA ID	<input type="text"/>		
Is the child currently in full time education?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, current school grade	<input type="text"/>		

D - Educational institution details (if applicable)Name of educational institution Registration number **Banking details of educational institution**Account holder's name Name of bank Branch office Account number Branch no. Account type

Transmission, cheque, etc.

Contact person for accountsTitle Initials First name/s Surname Street address Postal code Postal address Postal code Telephone number Email address

E - Nominated beneficiary detail

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

First name/s Surname RSA ID Yes No ID/Passport No. Street address Postal code Telephone number Mobile number Email address Relationship to child Parent Guardian Other (please specify) **Banking details of nominated beneficiary**Account holder's name Name of bank Branch office Account number Branch no. Account type

Transmission, cheque, etc.

F- Alternative contact details

Please provide the details of another person who can be contacted if the nominated beneficiary is no longer able to look after the child or can't be traced by Momentum.

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"/>																										
	Parent <input type="checkbox"/>	Guardian <input type="checkbox"/>	Other (please specify)	<input type="text"/>																							

Employer 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.

<input type="text"/>
Signature
Where the claim is for the member's spouse, child or parent.
<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Date
<input type="text"/>
Capacity

Notes

The following supporting documentation must be submitted:

- | | |
|---|--------------------------|
| Copy of child's unabridged birth certificate | <input type="checkbox"/> |
| Copy of nominated beneficiary's identity document | <input type="checkbox"/> |
| Copy of the nominated beneficiary's current bank statement | <input type="checkbox"/> |
| Copy of current fee account from school or tertiary education institution showing the full amount of fees due for the year and amounts already paid | <input type="checkbox"/> |
| Confirmation of banking details of educational institution on a letterhead | <input type="checkbox"/> |
| Details of any bursaries or exemptions received | <input type="checkbox"/> |