

Children's Education Benefit - Update Form

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

This form is for children's education benefit claims. Please use this form if Momentum has already started paying the child's benefits and you need to provide updated details or send in extra claims.

Please complete separate forms for each child.

A - Scheme details

Scheme reference code

Claim reference number

B - Child's details

First name/s

Surname

Date of birth DD - MM - 20YY

RSA ID

Is the child currently in full time education? Yes No

If Yes, current school grade

Is the child repeating the school year? Yes No

OR,
Current year of tertiary education

Did the child fail 1/3rd or more subjects last year? Yes No

C - 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.

D - 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"/>																					

E - Educational institution details (if applicable)

Name of educational institution	<input type="text"/>																							
Registration number	<input type="text"/>																							

Banking details of educational institution

Account holder's name	<input type="text"/>																								
Name of bank	<input type="text"/>																								
Branch office	<input type="text"/>																								
Account number	<input type="text"/>																		Branch no.	<input type="text"/>					
Account type	<input type="text"/>																								
	Transmission, cheque, etc.																								

Contact person for accounts

Title	<input type="text"/>			Initials	<input type="text"/>																				
First name/s	<input type="text"/>																								
Surname	<input type="text"/>																								
Street address	<input type="text"/>																								
	<input type="text"/>																					Postal code	<input type="text"/>		
Postal address	<input type="text"/>																								
	<input type="text"/>																					Postal code	<input type="text"/>		
Telephone number	<input type="text"/>												Email address	<input type="text"/>											

F - Declaration by nominated beneficiary

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.

I agree that Momentum Corporate may process all information that I provide on this form. I understand that the information will be processed in accordance with the Protection of Personal Information Act, 2013 and Momentum Corporate's strict policies on protecting the confidentiality of my personal information.

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

[Click here](#) to read the full consent document.

<input type="text"/>	
Signature	
<input type="text"/>	<input type="text"/>
Date	
<input type="text"/>	
Name	

Notes

The following supporting documentation must be submitted:

Copy of the nominated beneficiary's current bank statement (only if the banking details have changed)

Copy of current fees account showing the full amount of fees due for the year and amounts already paid

Copy of academic results for the last complete year (if applicable)

Confirmation of banking details of educational institution on a letterhead

Details of any bursaries or exemptions received

Send this form and all the supporting documents to:

eba@momentum.co.za or post it to **PO Box 2212, Bellville, 7535.**

You can phone our call centre on **0860 100 460** if you need help with this form.

When you sign this form by inserting a digital signature it confirms that the information provided is true and correct.

Options to sign the form:

1. Print out the form, sign and scan it and send it back via Momentum.
2. Place your scanned signature in the signature block.
 - Store your scanned signature in a safe place on your computer.
 - Select the 'comments' tab from your menu in Adobe.
 - Select the 'add stamp' icon.
 - Select custom stamps.
 - Create custom stamps.
 - You can now browse and upload your signature to save it as a custom stamp under 'sign here' in Adobe.
 - You can now go back to your 'stamps' icon and select 'sign here' and select your saved signature.
 - Place it in the document and save the document.

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.

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