

# FundsAtWork Beneficiary Nomination form for Stand-alone Insurance Schemes

Member number

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Please complete the fields provided. Use the tab key to move from one field to the next.

Please note that this beneficiary nomination form will be used in respect of the FundsAtWork Stand-alone Insurance Scheme benefits. You should complete this form if you have cover under the Stand-alone Insurance Scheme provided by your employer.

If you are a member of the FundsAtWork Umbrella Funds, you should complete the FundsAtWork Umbrella Funds and Stand-alone Insurance Schemes beneficiary nomination form (MEB002).

## Section 1: Member details

Name of Fund	FundsAtWork Stand-alone Insurance Scheme <input type="checkbox"/>																						
Employer name	<input type="text"/>																						
Employee number	<input type="text"/>																						
Member Surname	<input type="text"/>	Member full names	<input type="text"/>																				
Date of birth	<table border="1"><tr><td>D</td><td>D</td><td>-</td><td>M</td><td>M</td><td>-</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	-	M	M	-	Y	Y	Y	Y												
D	D	-	M	M	-	Y	Y	Y	Y														
Member reference number	<input type="text"/>	RSA ID: Yes <input type="checkbox"/> No <input type="checkbox"/>	ID/Passport number <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
Home telephone number	<input type="text"/>	Cellphone number	<input type="text"/>																				
Email address	<input type="text"/>																						
Marital status	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Divorced <input type="checkbox"/> Separated <input type="checkbox"/>																				

## Section 2: Beneficiary details

You may nominate any person to receive any part of the benefit that will be paid from the Stand-alone Insurance Scheme if you die. This could include your spouse or partner, your children, any person that is financially dependent on you or any person that you want to receive a part of your benefit.

The payment of death benefits under the Stand-alone Insurance Scheme is governed by the insurance policy conditions. The trustees of the FundsAtWork Umbrella Funds have no say on how the benefit should be distributed and your Stand-alone Insurance Scheme benefit will be paid in accordance with your beneficiary nomination form.

Surname	Full names	Title	ID/Passport number	Contact telephone number	Relationship (e.g. spouse, partner, daughter, son, mother, friend, etc.)	Financially dependent on you (Y/N)	% Share
						Yes <input type="checkbox"/> No <input type="checkbox"/>	
						Yes <input type="checkbox"/> No <input type="checkbox"/>	
						Yes <input type="checkbox"/> No <input type="checkbox"/>	
						Yes <input type="checkbox"/> No <input type="checkbox"/>	
						Yes <input type="checkbox"/> No <input type="checkbox"/>	
						Yes <input type="checkbox"/> No <input type="checkbox"/>	
						Yes <input type="checkbox"/> No <input type="checkbox"/>	
						Yes <input type="checkbox"/> No <input type="checkbox"/>	
						Yes <input type="checkbox"/> No <input type="checkbox"/>	
Very important – the column on the right MUST add up to 100%							100%

If there is additional information that you want your employer to consider when making a decision on the distribution of your benefit, complete the notes field below.

Notes:

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### Section 3: Member's signature

If your circumstances change, for example you get married or divorced or have a child or a beneficiary dies, and you want to change your beneficiary details, you must complete a new form. You may also log onto our website at [www.momentum.co.za](http://www.momentum.co.za) and change your beneficiary nomination electronically.

By signing hereunder you declare that you understand that this beneficiary nomination form cancels all previous nominations, if any, that you have made with respect to your employer's FundsAtWork Stand-alone Insurance Scheme.

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.

Signed at

Member's signature

Date     -     - 2 0

**Fax the completed form to 012 675 3970 or email to [momentumcorporateclient@momentum.co.za](mailto:momentumcorporateclient@momentum.co.za). Please send a copy of this form to your human resources department to be kept in your file.**

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#### Options to sign the form:

1. Print out the form, sign and scan it and send it back via email to [momentumcorporateclient@momentum.co.za](mailto:momentumcorporateclient@momentum.co.za) or fax it to +27 (0)12 675 3970.
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 sign this form by inserting a digital signature it confirms that the information provided is true and correct.**

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.

Momentum Metropolitan Life Limited 268 West Avenue Centurion 0157 PO Box 7400 Centurion 0046  
South Africa 102 Rivonia Rd EY Building Tower 2 Sandton 2196 PO Box Sandton South Africa  
Tel +0860 65 75 85 Fax +27 (0)12 675 3970 Parc du Cap 4 Mispel Road Bellville Cape Town 7530  
PO Box 2212 Bellville 7535 South Africa Tel +27 (0)21 940 5911 Fax +27 (0)21 940 4320  
[momentumcorporateclient@momentum.co.za](mailto:momentumcorporateclient@momentum.co.za) [www.momentum.co.za/fundsatwork](http://www.momentum.co.za/fundsatwork)

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