

FundsAtWork Umbrella Funds and Stand-alone Insurance Scheme beneficiary nomination form

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 both the FundsAtWork Umbrella Funds and the FundsAtWork Stand-alone Insurance Scheme benefits.

Section 1: Member details

Employer name																							
Member Surname		Member full names																					
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		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		Cellphone number																					
Email address																							
Marital status	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Divorced <input type="checkbox"/> Separated <input type="checkbox"/>																				

Section 2a: Fund/ Scheme details

If you want to nominate the same natural person/s across all your FundsAtWork Umbrella Funds and FundsAtWork Stand-alone Insurance scheme benefits, complete section 3.

Section 2b: Fund/ Scheme details (continued)

You can check your FundsAtWork benefit statement to see if you have FundsAtWork Umbrella Pension and/or Provident Funds and/or FundsAtWork Stand-alone Insurance only Scheme benefits. To access your benefit statement you can call the service center or log in to the member portal at www.momentum.co.za.

Should you want to make different nominations for the different Umbrella Funds or Stand-alone insurance scheme you belong to, refer to the options below:

- If you belong to the FundsAtWork Umbrella Pension Fund, complete section 4.
- If you belong to the FundsAtWork Umbrella Provident Fund, complete section 5.
- If you belong to both the FundsAtWork Umbrella Pension Fund and Provident Fund, complete sections 4 and 5.
- If you belong to the FundsAtWork Stand-alone Insurance Scheme, complete section 6.
- If you belong to the FundsAtWork Umbrella Pension Fund and the FundsAtWork Stand-alone Insurance Scheme, complete sections 4 and 6.
- If you belong to the FundsAtWork Umbrella Provident Fund and the FundsAtWork Stand-alone Insurance Scheme, complete sections 5 and 6.
- If you belong to the FundsAtWork Umbrella Pension and Provident Funds and the FundsAtWork Stand-alone Insurance Scheme, complete sections 4, 5 and 6.

Section 3: FundsAtWork Umbrella Pension and Provident Funds and the FundsAtWork Stand-alone Insurance Scheme

Please note that this beneficiary nomination form will be used in respect of the FundsAtWork Umbrella Pension and Provident Funds and the FundsAtWork Stand-alone Insurance Scheme benefits.

You may nominate any natural person to receive any part of the benefit that will be paid from the FundsAtWork Umbrella Funds and the FundsAtWork 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 trustees of the FundsAtWork Umbrella Funds have a duty under the Pension Funds Act to distribute the benefits equitably between your beneficiaries, taking the provisions of the Pension Funds Act into account. This means that even though the trustees will take your nomination into account, they have to distribute the death benefit in line with the Pension Funds Act.

Your FundsAtWork Stand-alone Insurance Scheme benefit will be paid in accordance with your nomination.

Beneficiary details

I hereby nominate the following persons for any benefits due to be paid in the event of my death by the FundsAtWork Umbrella Funds and the FundsAtWork Stand-alone Insurance scheme:

Surname	Full names	Title	ID/Passport number	Date of birth	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"/>	
Very important – the column on the right MUST add up to 100%								100%

Notes:

- Nominees that passed away before the date of death of the member, will be excluded from receiving the portion he/she were nominated to receive.
- To distribute your benefit as fairly as possible, it would help the Trustees to understand why you have proposed certain share allocations to your beneficiaries. For example, a member may propose that one minor child receives a large share while the other minor child receives nothing, if the one is disabled and the other has a bursary to cover their studying expenses. Write your motivation(s) in the box below, thereby assisting the Trustees in understanding the reasons for your allocation.
- If there is any additional information that you would like us to know about, complete the field below.

Section 4: FundsAtWork Umbrella Pension Fund

Please note that this beneficiary nomination will be used in respect of the FundsAtWork Umbrella pension fund benefits

You may nominate any natural person to receive any part of the benefit that will be paid from the FundsAtWork Umbrella pension fund 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 trustees of the FundsAtWork Umbrella Funds have a duty under the Pension Funds Act to distribute the benefits equitably between your beneficiaries, taking the provisions of the Pension Funds Act into account. This means that even though the trustees will take your nomination into account, they have to distribute the death benefit in line with the Pension Funds Act.

Beneficiary details

I hereby nominate the following persons for any benefits due to be paid in the event of my death by the FundsAtWork Umbrella Pension Fund:

Surname	Full names	Title	ID/Passport number	Date of birth	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%

Notes:

- Nominees that passed away before the date of death of the member, will be excluded from receiving the portion he/she were nominated to receive.
- To distribute your benefit as fairly as possible, it would help the Trustees to understand why you have proposed certain share allocations to your beneficiaries. For example, a member may propose that one minor child receives a large share while the other minor child receives nothing, if the one is disabled and the other has a bursary to cover their studying expenses. Write your motivation(s) in the box below, thereby assisting the Trustees in understanding the reasons for your allocation.
- If there is any additional information that you would like us to know about, complete the field below.

Section 5: FundsAtWork Umbrella Provident Fund

Please note that this beneficiary nomination will be used in respect of the FundsAtWork Umbrella Provident Fund benefits.

You may nominate any natural person to receive any part of the benefit that will be paid from the FundsAtWork Provident Fund 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 trustees of the FundsAtWork Umbrella Funds have a duty under the Pension Funds Act to distribute the benefits equitably between your beneficiaries, taking the provisions of the Pension Funds Act into account. This means that even though the trustees will take your nomination into account, they have to distribute the death benefit in line with the Pension Funds Act.

Beneficiary details

I hereby nominate the following persons for any benefits due to be paid in the event of my death by the FundsAtWork Umbrella Provident Fund:

Surname	Full names	Title	ID/Passport number	Date of birth	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 any additional information that you would like us to know about, complete the notes field below.

Notes:

Section 6: FundsAtWork Stand-alone Insurance Scheme

Please note that this beneficiary nomination will be used in respect of the FundsAtWork Stand-alone Insurance Scheme benefits.

You may nominate any natural person to receive any part of the benefit that will be paid from the FundsAtWork 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.

Your FundsAtWork Stand-alone Insurance Scheme benefit will be paid in accordance with your nomination.

Beneficiary details

I hereby nominate the following persons for any benefits due to be paid in the event of my death by the FundsAtWork Stand-alone Insurance Scheme:

Surname	Full names	Title	ID/Passport number	Date of birth	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%

- Notes:**
- Nominees that passed away before the date of death of the member, will be excluded from receiving the portion he/she were nominated to receive.
 - If there is any additional information that you would like us to know about, complete the notes field

Section 7: Member's signature

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

By signing this 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 membership of the FundsAtWork Umbrella Funds and/or your employer's FundsAtWork Stand-alone Insurance Scheme.

Signed at

Member's signature

Date

D	D	-	M	M	-	2	0	Y	Y
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Please send a copy of this form to your human resources department to be kept in your file.

Options to sign the form:

1. Print out the form, sign and scan it and send it back via email to clientcontactcentre@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.

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