

FundsAtWork Umbrella Funds

Recognition of transfer between pension, provident and retirement annuity funds as defined in section 1 of the income tax act (including transfer to preservation funds)

Member number

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Please fill in this form in the fields provided. Use the tab key to move from one field to the next.

Transferring fund

Section 1: Details of transferring fund

Full name of fund

Registration number

SARS approval number

Type of fund Pension Provident
 Defined benefit fund Defined contribution fund

Section 2: Member details

Title Initial(s)

First name(s)

Surname

Date of birth - -

RSA ID Yes No ID/passport number

Passport country of origin

Work number

Home number

Cellphone number

Fax number

Email address

Physical address

 Postal code

Tax office Tax number

Date of withdrawal from transferring fund - -

Directive number

Section 3: Details of transferred benefit

Gross benefit R

Amount to be transferred R

Details of any portion of the gross benefit not being transferred

Total of member's own contributions without interest if the transferring fund is an approved provident fund

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Section 3: Details of transferred benefit (continued)

Total of the member's own contributions without interest not previously allowed as a deduction from taxable income if the transferring fund is an approved pension fund

The following restrictions or conditions apply for the benefit being transferred

Penalty interest in terms of section 13A(7)

Total protected provident fund value on the date of election:

NOTE:

The protected provident fund value for members younger than 55 on 1 March 2015, is the capital value on 1 March 2015 plus investment return to the date of transfer, and for members older than 55 on 1 March 2015, it is the capital value plus investment return at date of transfer.

Section 4: Details of contact person at transferring fund

Title Initial(s)

First name(s)

Surname

Company

Work number

Work fax number

Cellphone number

Email address

Postal address

Postal code

Signed at

Signature (on behalf of transferring fund) Date - - 2 0

Surname and initials of member

Section 5: Statement on behalf of transferring fund

The amount to be transferred as set out above will be paid through electronic bank transfer as soon as:

- This recognition of transfer form is returned fully completed to the contact person shown in section 4 above.
- The necessary authority to effect such a transfer has been received from the revenue authorities.

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Receiving fund

Section 6: Details of receiving fund

Initials and surname of member

Full name of fund

Registration number

SARS approval number

Type of fund Pension Provident Retirement annuity

Member's application no or other reference

Section 7: Banking details of receiving fund

Payee name

Bank name

Branch Branch code - -

Type of account Current Savings Transmission

Account number

Client's reference no (if applicable)

Section 8: Details of contact person at receiving fund

First name

Surname

Company

Work number

Work fax number

Cellphone number

Email address

Postal address

Postal code

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Section 9: Statement on behalf of receiving fund

The transfer benefit, as set out in section 3 will be applied for the benefit of the person specified in section 2, in the fund as specified in section 6. If any request is received to deal with the benefit in any manner other than that set out in section 3, including any request to cancel the transfer to the receiving fund, such request shall not be implemented by the receiving fund without prior written consent of the transferring fund.

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's strict policies on protecting the confidentiality of my personal information.

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

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

Signed at

Signature (on behalf of receiving fund)	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>										
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Surname and initials of member

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:

- Print out the form, sign and scan it and send it back via email to momentumcorporateclient@momentum.co.za or fax it to +27 (0)12 675 3970.
- 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.

Momentum Metropolitan Life Limited

268 West Avenue Centurion 0157 PO Box 7400 Centurion 0046 South Africa
The Marc, 129 Rivonia Rd, Sandown, Sandton 2196, PO Box, Sandton, South Africa Tel +0860 65 75 85 Fax +27 (0)12 675 3970
Parc du Cap, 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 www.momentum.co.za/momentum/business

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