momentum
corporate

FundsAtWork Umbrella Funds
Admission of liability form

Member number

Use this form only for compensation that must be paid to your employer because of damages caused to them by you. The damages are for theft, dishonesty, fraud, or fraudulent misconduct and not for defaulting on a loan granted by your employer.

Attach all evidence relating to your admission of liability like a disciplinary hearing judgment.

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

Section 1: Member's details

Title	Initial(s)	First name(s)
Surname		
Date of birth	D D - M M - Y Y Y Y	
RSA ID	Yes No	ID/passport number
Passport country of origin		
Residential address		
		Postal code
Postal address		
		Postal code
Cellphone number		Alternate number
Email address		
Tax number		

Section 2: Former employer's details

Employer's name

(state full name(s) of employer or division of employer)

Employer participating in the: FundsAtWork Umbrella Pension Fund   FundsAtWork Umbrella Provident Fund

Employment period   From D D - M M - Y Y Y Y   to D D - M M - Y Y Y Y

(date when services with former employer were terminated)

Section 3: Details of conduct and amount of compensation

I confirm that my conduct was unlawful and intentional.
(Please describe the fraud, theft, dishonesty or fraudulent misconduct in detail. For example, "On 1 May 2024 I stole an amount of R100 000 in cash from my former employer for my own use. I have not yet been repaid this amount and still owe it to my former employer.")

I confirm that my conduct caused my former employer a loss or damages of: R

Section 4: Member declaration

1. I declare that all information provided in this form is true and correct.
2. I am aware that my conduct was unlawful and intentional and it caused my former employer a loss or damages.
3. I am personally liable to compensate my former employer for loss or the damages that I caused to them because of my unlawful and intentional conduct.
4. Because my employment was terminated, I am now entitled to a withdrawal/retirement benefit from the Fund.
5. I understand that the compensation payable to my former employer is based on section 37D(1)(b)(ii)(aa) of the Pension Funds Act and confirm that this declaration is my admission of liability to my former employer for the loss or damages that I caused.
6. I acknowledge that the Fund is entitled to deduct the amount of the compensation from my benefit in the Fund and authorise them to pay it to my former employer for the loss or damages.
7. I confirm that this admission of liability has been made freely and voluntarily, without any undue influence or pressure on me.

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

Click here to read the Fund's privacy notice.

Name

Signed at

Member's signature

Date DD - MM - 20 YY

Name

Signed at

Signature of witness

Date DD - MM - 20 YY

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.
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.