momentum

corporate

FundsAtWork Umbrella Funds Instruction for payment to third party bank account

Member number										

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

- If you belong to both the FundsAtWork Umbrella Pension Fund and the FundsAtWork Umbrella Provident Fund, two separate forms must be completed.
 Attach a copy of your and the third party's ID/passport (if you or the third party have an identity card, submit a copy of the front and back of the card).
- Attach a copy of the bank statement of the third party not older than 3 months.

Section 1: Fund and member details

Fund	FundsAtWork Umbrella Pension Fund	FundsAtWork Umbrella Provident Fund
Name of participating employer		
Employer group code		
Title	Initial(s)	
First name(s)		
Surname		
Date of birth	D D M M - Y Y Y	
RSA ID	Yes No	ID/Passport no

Section 2: Member's instruction for payment to a third party bank account

- 1. A benefit is due and payable to me from the Fund.
- 2. I am unable to open a bank account in my own name for these reasons (please attach sufficient written proof):

3. I request the Fund to pay the benefit into the bank account of:				
Name of third party				
Relationship to you				
Account holder name				

Section 3: Declaration by member

l, (full names)

declare that:

- all information provided in this form is true and correct.
- the Fund may proceed with the payment of my benefit into the bank account of my nominated third party as indicated in this form.
- the Fund and its administrator, Momentum Corporate, will not be liable for any damages suffered, including but not limited to direct, indirect or consequential loss that may arise, as a result of paying my benefit to the third party nominated by me.

I agree that the Fund and 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, the Fund and Momentum Corporate's strict policies on protecting the confidentiality of my personal information.

Click here to read the full privacy notice for Momentum.

Signed at		
Member's signature	Date	

Section 4: Declaration by third party

l,		(full names)
agree to the Fund paying the benefit du	e and payable to	(name of member)
into my bank account. I declare that my bank account details a	re:	
Account number		
Name of bank/building society		
Branch name		
Branch code		
Account type	Current/cheque Savings Transmission	

I declare that that all the information provided in this form is true and correct.

I agree that the Fund and 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, the Fund and Momentum Corporate's strict policies on protecting the confidentiality of my personal information.

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Signed at		
Third party's signature	Date	D D - M M - 2 0 Y Y

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.

Momentum Metropolitan Life Limited

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