

FundsAtWork Umbrella Funds  
Divorce order claim form by non-member spouse

Member number

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Complete this form in the fields provided. Use the tab key to move from one field to the next.  
The Fund will only be able to process your claim if you have provided all the information requested in this form.

- The following documents must accompany this form:
- Copy of the divorce order.
  - Copy of the complete settlement agreement, if applicable.
  - Copy of member's ID/passport (if the member has an identity card, submit a copy of the front and back of the card).
  - Copy of the non-member spouse's ID/passport (if the non-member spouse has an identity card, submit a copy of the front and back of the card).

Section 1: Fund and employer details

Name of Fund	FundsAtWork Umbrella Pension Fund	FundsAtWork Umbrella Provident Fund
Name of employer		

Section 2: Member details

Title		Initial(s)		First name													
Surname																	
Date of birth	<table><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								
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></tr></table>																
Passport country of origin																	
Cellphone number																	
Email address																	

Section 3: Non-member spouse details

Title		Initial(s)		First name													
Surname																	
Date of birth	<table><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		
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Passport country of origin																	
Income tax number																	
Cellphone number																	
Email address																	
Residential address																	
Unit number		Complex (if applicable)															
Street number		Street/farm name															
Suburb/district																	
City/town				Postal code													
Postal address																	
Unit number		Complex (if applicable)															
Street number		Street/farm name															
Suburb/district																	
City/town				Postal code													

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## Section 4: Claim options - to be completed by non-member spouse

### I want to:

- ☐ take the full divorce benefit as a cash lump sum (complete section 4a).
- ☐ transfer the full divorce benefit to another approved fund (complete section 4b).

### Note:

- A lump sum payment will be subject to tax. A transfer of benefits to another approved fund will not attract any tax and the transferred benefit will be split across the different components in the non-member spouse's chosen fund in the same way as it was split in the member's fund.
- While this claim is being processed, the benefit will be placed in the Fund's bank account to eliminate the possibility of the benefit being reduced due to volatile market conditions.

## Section 4a: Bank account details (if a lump sum payment was selected)

Name of account holder (of non-member spouse)

Bank name

Account type  Current/cheque  Savings  Transmission

Account number  Branch code   -   -

## Section 4b: Transfer details (if transfer was selected)

Name of receiving fund

Bank name  Branch

Account type  Current/cheque  Savings  Transmission

Account number  Branch code   -

Financial adviser's name

Financial adviser's cellphone number

Financial adviser's email address

**If the non-member spouse does not have a financial adviser, provide the contact details for the person at the receiving fund who the transfer documents must be sent to.**

## Section 5: Declaration by non-member spouse

I  (full names)

declare that:

- all particulars furnished in this form are true and correct.
- payment by electronic transfer will constitute full and final settlement discharging the Fund(s) and its administrator, Momentum Corporate, of their liability.

I agree that the Fund(s) and its administrator may process all information that I provide on this form. I understand that the information will be processed in line with 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.](#)

Signed at

Name

-    -

Signature Date

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**Note: 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:**

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).
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.