

# FundsAtWork beneficiary nomination form for stand-alone insurance schemes\*

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 form must be completed if you are a member of the FundsAtWork stand-alone insurance scheme. If you are a member of the FundsAtWork Umbrella Fund, you should complete a beneficiary nomination form for the FundsAtWork Umbrella Fund. (MEB008)

\*Stand-alone insurance schemes are not provided by the Umbrella Fund that you belong to, but is under a separate insurance policy your employer has with FundsAtWork. The payment of death benefits under a stand-alone insurance scheme is governed by the policy conditions. The trustees of the Fund have no say on how the benefit should be distributed. Your employer is responsible for distributing the benefit according to the policy conditions. You should complete this form if you have cover under a stand-alone insurance scheme provided by your employer.

## Section 1: Member details

Employer name	<input type="text"/>													
Member Surname	<input type="text"/>					Member full names	<input type="text"/>							
Date of birth	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
Member reference number	<input type="text"/>						ID/Passport number	<input type="text"/>						
Home telephone number	<input type="text"/>					Cellphone number	<input type="text"/>							
Email address	<input type="text"/>													
Marital status	Single	<input type="checkbox"/>	Married	<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Separated	<input type="checkbox"/>						

## Section 2: Beneficiary details

I hereby nominate the following persons for any benefits due to be paid from the FundsAtWork stand-alone insurance scheme in the event of my death.

	Surname	Full names	Title	ID/Passport number	Contact telephone number	Relationship (e.g. spouse, part-ner, daughter, son, mother, friend, etc.)	% Share
Dependants							
Nominees							
Very important – the column on the right MUST add up to 100%							100%

If there is additional information that you want your employer to consider when making a decision on the distribution of your benefit, complete the notes field below.

Notes:

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### Section 3: Member's signature

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

By signing this you declare that you understand that this nomination cancels all previous nominations, if any, that you have made with respect to your membership of the abovementioned scheme.

Signed at

Member's signature

Date    -    - 2 0

Fax the completed form to 012 675 3970 or email to [clientcontactcentre@momentum.co.za](mailto:clientcontactcentre@momentum.co.za). Please send a copy of this form to your human resources department to be kept in your file.

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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 [clientcontactcentre@momentum.co.za](mailto: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 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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## **Nominating beneficiaries for your death benefits:**

Should you die, a death benefit will become payable to your spouse, child, dependant or nominee. Your employer is responsible for the payment of the benefit in line with the policy conditions.

### **Step 1: List your spouse/s, child/ren, dependants and other nominees**

1. First list the details relating to your spouse in the space provided. If you have more than one spouse, a customary law spouse or a life partner (i.e. someone with whom you live as if married), please include their details.
2. Next, list your children, including those adopted, those from previous marriages or those born outside of marriage. Include the name of the person who will be the guardian of your minor children, should you die.
3. Now list any dependants (anyone other than your spouse or children who you support financially and you feel they should be considered when distributing the benefit).
4. Finally, if there is anyone else who is not dependent on you whom you would like to receive a part of your benefit, list these beneficiaries under “Nominees” on page 2.

### **Step 2: Divide the benefit**

After you have listed your dependants and nominees, you need to decide how much (if any) of your benefit you would like them to receive. Keep in mind that –

- The more beneficiaries you choose to receive a share, the smaller each individual’s benefit may be.
- The percentages in the ‘% Share’ column must add up to a total of 100%.

In the case of stand-alone insurance schemes, nomination forms are of utmost importance and must be kept up to date at all times to ensure that the benefit gets distributed in line with your nomination.

### **Step 3: Give additional motivation**

To distribute your benefit as fairly as possible, it would help your employer to understand why you have proposed specified allocations to your beneficiaries. For example, you 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 study expenses.

Write your motivation(s) in the notes box on page 2. It will assist your employer in understanding the reasons for your allocation.