

# FundsAtWork Umbrella Funds Authorised Signatory Change Form

Group / scheme code

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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.

This form must be completed by the managing director, financial director of the employer. This form must be completed if and when an authorised signatory on behalf of the employer is appointed or changed. An authorised signatory is a person within the employers organisation who may on behalf of the employer enter into binding agreements representing the interest of the organisation.

## Section 1: Employer details

Name of employer	<input type="text"/>	
Residential address	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	Postal Code <input type="text"/>
Postal address	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	Postal Code <input type="text"/>
Telephone	<input type="text"/>	
Cellphone number	<input type="text"/>	
Email address	<input type="text"/>	

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**Section 2: Current authorised signatory/ies**

Name and Surname	ID number	Title/ designation	Signature	Telephone number	Email address

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**Section 3: New authorised signatory/ies**

Name and Surname	ID number	Title/ designation	Signature	Telephone number	Email address

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## Section 4: Declaration by employer

I

certify that all particulars furnished in this form are true and correct

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

I agree that Momentum Corporate may use my personal information to provide and administer retirement fund investment and insurance products and share my personal information with Momentum Corporate's partners and contracted service providers, who are legally bound to protect the information. [Click here](#) to read the full consent document.

Signed at

Designation

**Employer signature or signature  
on behalf of employer**

Date    -    - 2 0

**Official stamp of employer**

The completed form must be sent back via email to [ebcommunicationhub@momentum.co.za](mailto:ebcommunicationhub@momentum.co.za) or faxed to 012 675 3970

**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 [ebcommunicationhub@momentum.co.za](mailto:ebcommunicationhub@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.