

FundsAtWork FlexiCovers

Member number

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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.

If you increase your cover, you may be required to provide evidence of good health. This underwriting applies to all members who increase their cover even if the total cover does not exceed the automatic acceptance limit.

You can increase or decrease your cover by logging into your [Smart Benefit Statement](#). You may also log into our website at www.momentum.co.za and make changes to your benefits electronically.

Before you complete this form, please make sure that:

- You have read your member guide.
- You have read your benefit statement, you know which benefits you have, and you can flex your benefits.
- You have made use of the calculator available on the [website](#).

If you have any queries about FlexiCovers, speak to your financial adviser or you may contact the Client Contact Centre on 0860 65 75 85.

Please fill in the sections that apply to you.

Section 1: Employer details

Employer's name	<input type="text"/>		
Employee number	<input type="text"/>		
Scheme code	<input type="text"/>		

Section 2: Member details

Title	<input type="text"/>	Initial(s)	<input type="text"/>	First name	<input type="text"/>
Surname	<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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
RSA ID	Yes <input type="checkbox"/>	No <input type="checkbox"/>	ID/passport number	<input type="text"/>	
Passport country of origin	<input type="text"/>				
Email address	<input type="text"/>				
Alternative email address	<input type="text"/>				

Section 3: FlexiCovers lump sum death benefit

You can only flex up or down in multiples of 0,25 and your total cover must not be more than 12 times your annual insurance salary, or less than 1 times your annual insurance salary.

How much total cover do you need?

Multiple of annual salary (eg, 1, 2, ...)

Section 4: FlexiCovers spouse's and childrens' pension benefit

The sum of the benefit for your spouse and children cannot exceed 100% of your monthly salary. The percentages can vary in any combination, with the percentage for your spouse capped at 66,67%.

How much total cover do you need?

Spouse	<input type="text"/>	,	<input type="text"/>	%
Children	<input type="text"/>	,	<input type="text"/>	% subject to a maximum of 4 children

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Section 5: FlexiCovers income disability benefit

You can only flex up or down in multiples of 1% and your total cover must not be more than 100% of your monthly insurance salary, or less than 25% of your monthly insurance salary. This amount will be the monthly income disability benefit. An additional contribution waiver benefit may be payable if it applies to your scheme. The sum of the monthly income disability benefit and the contribution waiver can't be more than 100% of your monthly insurance salary.

How much income disability cover do you need?

Percentage of monthly insurance salary %

Section 6: FlexiCovers lump sum disability benefit

You can only flex up or down in multiples of 0,25 and your total cover must not be more than 8 times your annual insurance salary, or less than 1 times your annual insurance salary.

How much total cover do you need?

Multiple of annual insurance salary (eg, 1, 2, ...)

Section 7: FlexiCovers capital income provider

For the income disability benefit, you can only flex up or down in multiples of 1% up to a maximum of 100% of your monthly insurance salary, or less than 25% of your monthly insurance salary. For the lump sum disability benefit, you can only flex up or down in multiples of 0,25 and your total cover must not be more than 8 times your annual insurance salary, or less than 1 times your annual insurance salary.

How much total cover do you need?

Income benefit %

Lump sum benefit:

Multiple of annual insurance salary (eg, 1, 2, ...)

Section 8: Declaration by member

I, (full names)

declare that:

- all information provided in this form are true and correct.
- I understand the FlexiCovers that have been made available to me.
- I am aware of the effect the change in FlexiCovers will have on my take-home pay or contributions towards my retirement fund.
- I indemnify Momentum Corporate against any claim, loss and/or damage that may arise from executing the choices in this form.

I agree that Momentum Corporate 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 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 privacy notice.

Signed at

- -

Member's signature

Date

Notes:

1. Inform your employer of the change.
2. We will not be liable for any losses you incur if the information you supply is unclear, illegible, or incorrect in any way.
3. We may request you to go for medical examinations.
4. We will not pay the benefit if you pass away from suicide or self-inflicted injury within the first two year after you flexed your cover above the default cover chosen by your employer.
5. **We recommend that you contact your financial adviser before you make any changes to your insurance benefits.**

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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 by following the steps outlined below.
 - Store your scanned signature as a PDF document 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.