

# FundsAtWork FlexiCovers

Member number

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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Before completing this form please make sure that:

- you have read your member guide;
- you have read your benefit statement and you know which benefits you have;
- you have made use of the calculator available on the website (<http://www.momentum.co.za/fundsatwork>); and
- If you have any queries about FlexiCovers, you may contact the client contact centre on 0860 65 75 85.

Please fill in this form in the fields provided. Use the tab key to move from one field to the next, or tick  the appropriate block.

## Section 1: Employer details

|                 |                      |
|-----------------|----------------------|
| Employer's name | <input type="text"/> |
| Employee number | <input type="text"/> |
| Group reference | <input type="text"/> |

## Section 2: Member's details

|                            |                              |                             |                                     |
|----------------------------|------------------------------|-----------------------------|-------------------------------------|
| Title                      | <input type="text"/>         | Initials                    | <input type="text"/>                |
| First name(s)              | <input type="text"/>         |                             |                                     |
| Surname                    | <input type="text"/>         |                             |                                     |
| RSA ID                     | Yes <input type="checkbox"/> | No <input type="checkbox"/> | ID/Passport no <input type="text"/> |
| Passport country of origin | <input type="text"/>         |                             |                                     |
| Residential address        | <input type="text"/>         |                             |                                     |
|                            | <input type="text"/>         | Postal code                 | <input type="text"/>                |
| Postal address             | <input type="text"/>         |                             |                                     |
|                            | <input type="text"/>         | Postal code                 | <input type="text"/>                |
| Cellphone number           | <input type="text"/>         | Home number                 | <input type="text"/>                |
| Work number                | <input type="text"/>         | Fax number                  | <input type="text"/>                |
| Email                      | <input type="text"/>         |                             |                                     |

## Section 3: FlexiCovers lump sum death benefit (if applicable)

Please indicate the cover needed:

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

Amount  R

You can only flex in increments of 0,25 up to 12 times your annual insurance salary. You can only choose fixed amounts of cover if fixed amount benefits apply to all the members in your employer's scheme.

## Section 4: FlexiCovers spouse's and childrens' pension benefit (if applicable)

Please indicate the cover needed:

Spouse  ,  %

Child  ,  % subject to a maximum of 4 children

The sum of the benefit for your spouse and the 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%.

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## Section 5: FlexiCovers income disability benefit (if applicable)

Percentage of insurance salary  %

You can flex in increments of 1%, between 25% and 75% of salary.

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## Section 6: FlexiCovers lump sum disability benefit (if applicable)

**Please indicate the cover needed:**

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

Amount  R

You can only flex in increments of 0,25 up to 8 times your annual insurance salary. You can only choose fixed amounts of cover if fixed amount benefits apply to all the members in your employer's scheme.

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## Section 7: FlexiCovers capital income provider (if applicable)

**Please indicate the cover required:**

Income benefit  %

You can flex in increments of 1%, between 25% and 75% of salary.

and

Lump sum benefit:

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

Amount  R

You can only flex in increments of 0,25 up to 8 times your annual insurance salary. You can only choose fixed amounts of cover if fixed amount benefits apply to all the members in your employer's scheme.

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## 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.
- 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

|                           |   |
|---------------------------|---|
| <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"/> |
| <b>Member's signature</b> | <b>Date</b>   |

Fax this completed form to our Client Contact Centre on 012 675-3970. At the same time inform your employer of the change. You may also log on to our website at [www.momentum.co.za/fundsatwork](http://www.momentum.co.za/fundsatwork) and make changes to your FlexiCovers electronically.

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### Notes:

1. Momentum Corporate will not be liable for any losses you incur if the information you supply is unclear, illegible or incorrect in any way.
  2. You may be requested to go for medical examinations.
  3. The benefit will not be paid if the death is as a result of suicide or self-inflicted injury within the first two year after you flexed your cover above the default cover chosen by your employer.
  4. **We recommend that you contact your financial adviser before you make any changes to your insurancebenefits.**
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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 [momentumcorporateclient@momentum.co.za](mailto:momentumcorporateclient@momentum.co.za) or fax it to (012) 675 3970.
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.

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