corporate

Death claim for unapproved benefits

(Group Life Cover)

Member number

Please note that the processing of the claim is subject to the following conditions:

All sections must be completed in full.

All copies must be legible, and photocopies must be clear.

Please fill in this form in the fields provided. Use the tab key to move from one field to the next.

NOTE: The unapproved lump sum death benefit will be paid to beneficiaries selected on the deceased member's beneficiary nomination form. If no beneficiary nomination form was completed by the deceased member or if the nomination is invalid, the death benefit will be paid into the deceased member's estate.

Section 1: Employer details

Section 1: Employer details		
Scheme name	Scheme ref	
Name of employer		

Section 2: Deceased member's details

Title		Initials		
First name/s				
Surname				
RSA ID	Yes No	ID/Passport	no	
Passport country of origin				
Marital status	Married Divorced Single	Widower	Permanent Life P	artner
Date of birth		Y		
Date of death		Y		
Postal address prior to death				
			Postal Code	
Residential address prior to death				
			Postal Code	
Last known Tel No: Home			Cellphone no	
Last known email address				
Was the member "actively at work" at the	date of joining the Fund? Yes	No		
Salary on which life cover premium was be	ased (if not the same as the pensiona	able salary)R		
Date of joining the employer		Date of jo	oining scheme	D _ M M _ Y Y Y Y
Last day member was actively at work		Month of last	premium paid	D - M M - Y Y Y
Was the member in receipt of a monthly d	isability income benefit immediately p	prior to death? Y	No No	

Section 3: Distribution of benefits and payment details

Title	Initials First n	ame/s
Surname		
Last known Tel No: Home		Cellphone no
Last known Email address		
Last known Residential address		
		Postal Code
Relationship to member		% Share
To whom is benefit payable?	Dependants/ Employer Other if other, nominees	enter name and postal address
Name		
Last known Tel No: Home		Cellphone no
Postal address		
		Postal Code
Name of payee		
Account holder's name		
Name of bank		
Branch name		Branch code
Account number		
Account type	Current/ Cheque Transmission Saving	gs
Title	Initials First n	ame/s
Surname		
Last known Tel No: Home		Cellphone no
Last known Email address		
Last known Residential address		
		Postal Code
Relationship to member		% Share
To whom is benefit payable?	Dependants/ Employer Other if other, nominees	enter name and postal address
Name		
Last known Tel No: Home		Cellphone no
Postal address		
		Postal Code
		F Ustal COUE
Name of payee		
Account holder's name		
Name of bank		
Branch name		Branch code
Account number		
Account type	Current/ Cheque Transmission Savin	gs
Title	Initials First n	ame/s
Surname		
Last known Tel No: Home		Cellphone no

Last known Residential address	
	Postal Code
Relationship to member	% Share
To whom is benefit payable?	Dependants/ Employer Other if other, enter name and postal address nominees
Name	
Last known Tel No: Home	Cellphone no
Postal address	
	Postal Code
Name of payee	
Account holder's name	
Name of bank	
Branch name	Branch code
Account number	
Account type	Current/ Cheque Transmission Savings

Section 4: Declaration by employer

I

- The deceased was a member of the scheme at the date of death
- · All particulars furnished in this form and accompanying documentation to the best of my knowledge are true and correct
- I have made every effort to comply with the requirements stipulated in this document

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.

hereby declare that:

Click here to read the full consent document.

Signed at		
Designation		
Signature		
Date D D - M M - Y Y Y	Y	
		Official stamp of employer

Documents required:

The following documents are required for claim submission together with a fully completed claim form: (If the deceased was a South African citizen)

Death of member:

The most recent nominated beneficiary form.

A fully completed trust deed, where a trust needs to be set up for a minor/s.

If it is a Customary Union or a marriage concluded under the tenets of any other religion, or a Permanet Life Partner, the attached Momentum Affidavit must be completed and signed before a commissioner of oaths.

For accidental death benefit:

Police report

The following documents are required for claim submission together with a fully completed claim form: (If the deceased is a Foreign national)

Death of member

Copy of members latest ID or back and front copies of ID card or birth certificate.

A certified copy of the late member's passport.

If the deceased died in South Africa: A certified copy of the hand written abridged Death certificate together with a copy of the Notice of Death/ stillbirth (DHA-1663) form.

If the deceased died outside of the Republic of South Africa: A certified copy of the Death certificate from the country in which the Death took place and if not in English a translation is to be obtained.

The most recent nominated beneficiary form.

A marriage certificate is needed as proof of marriage/ spouse/ life partner. If it is a Customary Union or a marriage concluded under the tenets of any other religion, or a Permanent Life Partner, the attached Momentum Affidavit must be completed and signed before a commissioner of oaths.

A fully completed trust deed for minor/s.

Momentum reserves the right to request additional documents should they so require.

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 to Momentum Corporate.

- 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.

corporate

Affidavit - Permanent Life Partner

I, the undersigned									
Title		First name)						
Surname									
RSAID	Yes	No	ID /	Passport no					
Passport country of origin									
do hereby make oath and state as follow	ws:								
I am an adult male/female, residing a Residential address	t								
						Posta	al code		
My contact details are: Cellphone no			1	ſel no: Home					
The facts contained in this affidavit fall v and correct.	within my pers	sonal knowledg	e, unless the contrary is expressly	/ stated, and ar	e to the	e best o	of my be	ief bot	h true
The deceased, Title		Full name							
RSA ID	Yes	No	ID /	Passport no					
Passport country of origin									
was my permanent life partner since	DD-	M M - Y	Y Y Y Y, until the time of his or	her death.					
we were living together in a joint ho	ousehold whic	ch we mutually	shared at						
Residential address									
						Posta	al code		
from	D D -	M M _ Y	Y Y Y until the time of my pa	artner's death	DD	- 1	Μ -	Y Y	′ Y Y
We were financially dependent on	each other;								
The financial dependent amount is R			per month						
We have children bor	n from our "ur	nion" or jointly r	aised during our union namely						
Full name				Date of birth	DD	- M	Μ	Y Y	Y Y
Full name				Date of birth	DD	- M	M -	Y Y	Y Y
Full name				Date of birth	DD	- M	I M _	Y Y	Y Y
Full name				Date of birth	DD	_ M	Μ	YY	Y Y
Full name				Date of birth	DD	- M	Μ	Y Y	Y Y
We shared the following living expe	enses:								
We jointly owned the following ass	ets and liabilit	ies:							

Please provide specific detail/s that can objectively prove/substantiate the content of proof of your partner with supporting evidence on the following:

Insurance policy			
Title	First name		
Surname			
as a beneficiary under my		insurance policy	
Policy Details			
Will and testament I nominated my partner/or my partne	er nominated me in our will under clau	JSE.	
Medical Aid I was covered under my partner's m	iedical aid		
Name of medical aid		until the time of his/her death	
from OR My partner		unui the time of his/her death	
Title	First name		
Surname was covered under my medical aid from In addition, the following information	Confirms my relationship to the de	until the time of his/her death ceased	
Signed at			
Deponent		Date	DD_MM_YYYY
I certify that: The Deponent acknowledged to me that: • He/She knows and understands the • He/She has no objection to taking the • He/She considers the prescribed of I certify that the Deponent knows and un	e contents of this declaration; he prescribed oath; ath to be binding on his/her conscienc		

The Deponent signed this declaration in my presence at the address set out hereunder

Signed at			
Commissioner of Oat	hs	Date	D D _ M M _ Y Y Y
Title	First name		
Surname			
Address			
			Postal code

Momentum Metropolitan Life Limited 268 West Avenue Centurion 0157 PO Box 7400 Centurion 0046 South Africa 102 Rivonia Rd EY Building Tower 2 Sandton 2196 PO Box Sandton South Africa Tel +0860 65 75 85 Fax +27 (0)12 675 3970 Parc du Cap 4 Mispel Road Bellville Cape Town 7530 PO Box 2212 Bellville 7535 South Africa Tel +27 (0)21 940 5911 Fax +27 (0)21 940 4320 momentumcorporateclient@momentum.co.za www.momentum.co.za/momentum/business Momentum Corporate is a part of Momentum Metropolitan Life Limited, an authorised financial services and registered credit provider Reg. No. 1904/002186/00

corporate

Affidavit - For marriages concluded under tenets of any other religion

I, the undersigned							
Title		First name					
Surname							
RSA ID	Yes	No		ID / Passport no			
Passport country of origin							
do hereby make oath and state as fol	llows:						
I am an adult male/female, residing	y at						
Residential address							
						Postal code	
My contact details are:							
Cellphone number				Tel no: Home			
The facts contained in this affidavit fal and correct.	ll within my pers	onal knowledge, ur	nless the contrar	y is expressly stated, and a	are to the	best of my bel	ief both true
The deceased, Tit	tle	Full name					
RSA ID	Yes	No		ID / Passport no			
Passport country of origin							
was my bush and Wife since	DD-	M M - Y Y	Y Y until the	time of his or her death.			
was my husband/Wife since							
I confirm that our marriage was in terr			aw Budd	hist law Other			
The marriage was performed by: Tit	tle	First name					
Surname							
(Religious leader/ Designation)							
Place							
I attach a copy of a certificate i	issued by the a	uthority (e.g. Mus	lim Judicial Co	uncil).			
Signed at							
					DD	MM	
Depone	ent			Date			1 I I I I

I certify that:

The Deponent acknowledged to me that:

- He/She knows and understands the contents of this declaration;
- He/She has no objection to taking the prescribed oath;
- He/She considers the prescribed oath to be binding on his/her conscience.

I certify that the Deponent knows and understands the contents of this declaration, which was sworn before me.

The Deponent signed this declaration in my presence at the address set out hereunder

Signed at						
	Commissioner of Oaths	5	D	ate	_ M M _	Y Y Y Y
Title		First name				
Surname						
Address						
					Postal code	

corporate

Affidavit - African Customary Marriages

I, the undersigned											
Title			First	name							
Surname											
RSA ID	Yes		No				I	D / Passport ı	าด		
Passport country of origin											
do hereby make oath and state as follow	ws:										
I am an adult male/female, residing a	t										
Residential address											
										Postal code	
My contact details are: Cellphone no								Tel no: Hon	ne		
The facts contained in this affidavit fall v and correct.	within my	perso	-	_	, unless	the contra	ary is expres	ssly stated, ar	nd are to th	ne best of my be	lief both true
The deceased, Title			Full	name							
RSA ID	Yes		No				I	D / Passport ı	าด		
Passport country of origin											
was my husband/Wife since	DD	- M	M	- Y	Y Y Y	, until the	e time of his	or her death.			
I confirm the following: Our marriage was a customary union; (s	select wh	icheve	er is app	olicable):						
My late husband											
Title			First	name							
Surname											
paid lobola to my father/Guardian parer	nt(s)										
Title			First	name							
Surname											
RSA ID	Yes		No				I	D / Passport ı	าด		
Passport country of origin											
or with my and my father's consent on	DD	- M	M	Y	Y Y Y	that bein	g our date o	of marriage;			
or My family and I paid lobola to my la	ate wife's	father	/Guardi	an par	ent						
Title			First	name							
Surname											
RSA ID	Yes		No				I	D / Passport ı	าด		
Passport country of origin											
with the intent of making her my lawful v	wife as pe	er the	custom	on	DD-	MM	- Y Y	Y Y that be	ng our dat	e of marriage;	
the payment of/or part thereof of lobolo,	, we have	been	living t	ogethe	r as hust	and and	wife from th	nis date until ti	ne time of	his death	
I attach a copy of the following	proof o	f lobol	o letter		Certificat	e issued	by any cour	ncil or authorit	y. (s	elect whichever	is applicable)
Signed at											
Doronom	•							Date	DD	_ M M _	Y Y Y Y
Deponen	L							2410			

I certify that:

The Deponent acknowledged to me that:

- He/She knows and understands the contents of this declaration;
- He/She has no objection to taking the prescribed oath;
- He/She considers the prescribed oath to be binding on his/her conscience.

I certify that the Deponent knows and understands the contents of this declaration, which was sworn before me.

The Deponent signed this declaration in my presence at the address set out hereunder

Signed at						
	Commissioner of Oaths		Date	DD	_ M M _	Y Y Y Y
Title		First name				
Surname						
Address						
					Postal code	

corporate

Affidavit - Where child/ren surname differs (To be completed by the parent not claiming)

I, the undersigned									
Title			Firs	t name					
Surname									
RSA ID	Yes		No			ID / Passpor	t no		
Passport country of origin									
do hereby make oath and state as follow	/s:								
I am an adult male/female, residing at									
Residential address									
								Postal code	
My contact details are: Cellphone no						Tel no: H	ome		
The facts contained in this affidavit fall w and correct.	ithin my	y pers	onal kno	owledge,	unless the contrar	y is expressly stated,	and are to th	e best of my be	lief both true
I confirm the following:									
Full Name									
RSA ID	Yes		No			ID / Passpor	t no		
Passport country of origin									
born on The deceased's surname was different f			M M bers' du	e to the		ological child or my sį	oouse's	child.	
I attach proof of the following showin	a that l	he/she	was m	v child:	(select whicheve	r is applicable):			
Medical aid certificate	9			.,	(
School fees receipts/statements;									
Beneficiary nomination form of any	policy c	or prod	uct.						
Any other form of proof.	polloj o	. p. c a							
Signed at									
Deponent						Date	DD	_ M M _	Y Y Y Y

I certify that:

The Deponent acknowledged to me that:

- He/She knows and understands the contents of this declaration;
- He/She has no objection to taking the prescribed oath;
- He/She considers the prescribed oath to be binding on his/her conscience.

I certify that the Deponent knows and understands the contents of this declaration, which was sworn before me.

The Deponent signed this declaration in my presence at the address set out hereunder

Signed at						
	Commissioner of Oaths	5	Date	DD	_ M M _	Y Y Y Y
Title		First name				
Surname						
Address						
					Postal code	