

Beneficiary nomination form for unapproved lump sum death benefit

Member number

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You should complete this form if you are covered for an unapproved lump sum death benefit under the insurance schemes provided by your employer. An unapproved benefit is provided by your employer not a pension or provident fund.

Please complete the fields provided. Use the tab key to move from one field to the next.

Section 1: Member details

Employer name or scheme name	<input type="text"/>												
Member's title	<input type="text"/>	Initials	<input type="text"/>	First name(s)	<input type="text"/>								
Member's 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"/>			
RSA ID	Yes <input type="checkbox"/>	No <input type="checkbox"/>	ID/passport number	<input type="text"/>				Passport country of origin	<input type="text"/>				
Status	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Divorced <input type="checkbox"/>	Separated <input type="checkbox"/>	Widow/widower <input type="checkbox"/>	Permanent life partner	<input type="checkbox"/>						
Contact number	<input type="text"/>												
Email address	<input type="text"/>												

Section 2: Beneficiary details

The death benefit payable under the unapproved lump sum death benefit scheme will be paid to the beneficiaries you nominated.

You may nominate any natural person (human being) to receive any part of the benefit that will be paid from the unapproved lump sum death benefit scheme if you pass away. This could include your spouse or partner, your children, any person that is financially dependent on you, or any person that you want to receive a part of your benefit. You may also nominate a legal entity like a charity, a business or a trust for example, but you may not nominate your employer.

I nominate the following people and/or entities to receive the unapproved lump sum death benefit payable if I pass away.

Full name(s) and surname (for a natural person) or full registered name (for a legal entity)	Title	ID or passport number (for a natural person) or registration number (for a legal entity)	Date of birth	Contact number of beneficiary	Relationship (eg spouse, partner, daughter, son, mother, friend)	% Share
Please make sure that the column on the right adds up to 100%.						100%

Notes:

- Where you have nominated a legal entity, you don't need to fill in the fields for title, date of birth or relationship.
- If you have nominated a minor child, but would like the benefit to be paid to a beneficiary fund or a trust, please provide the full details in the field below.
- If you have nominated a minor child, the contact number must be the number of an adult legal guardian.
- When you provide contact numbers for your beneficiaries, make sure you provide their numbers, not yours, so that we can reach them if you pass away.
- If there is any additional information that you would like us to know about, add this information in the field below.

Section 3: Member's signature

I declare that I understand that this beneficiary nomination cancels all previous nominations, if any, that I have made for the unapproved lump sum death benefit under the insurance scheme provided by my employer.

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 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 of Momentum Corporate.

Signed at

Member's signature

Date

D	D	-	M	M	-	2	0	Y	Y
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Please send a copy of this form to your employer's human resources department to be kept in your file.

If your circumstances change, for example you get married or divorced, or have a child, or a nominated beneficiary dies, and you want to change your beneficiary details, you must complete a new beneficiary nomination form. You may also log on to our website at www.momentum.co.za and change your beneficiary nomination electronically, if you have the facility.

Options to sign the form:

1. Print out the form, complete it and sign it. Then scan it and send it by email to your human resources department or to momentumcorporateclient@momentum.co.za.
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.
 - Send the document by email to your employer's human resources department or to momentumcorporateclient@momentum.co.za.

When you sign this form by inserting a digital signature it confirms that the information provided is true and correct.

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.