

# Beneficiary Nomination form for Stand-alone Insurance Schemes

Member number

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

Please note that this beneficiary nomination form will be used in respect of Stand-alone Insurance Scheme benefits. You should complete this form if you have cover under the Stand-alone Insurance Scheme provided by your employer.

## Section 1: Member details

Name of Fund	<input type="text"/>										
Employer name	<input type="text"/>										
Employee number	<input type="text"/>				Member reference number				<input type="text"/>		
Member's title	<input type="text"/>	Initials		<input type="text"/>	First name/s <input type="text"/>						
Member 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"/>
RSA ID	Yes <input type="checkbox"/>		No <input type="checkbox"/>		ID/Passport number <input type="text"/>				Passport country of origin <input type="text"/>		
Marital status	Single <input type="checkbox"/>		Married <input type="checkbox"/>		Divorced <input type="checkbox"/>		Separated <input type="checkbox"/>		Widowed <input type="checkbox"/>		Permanent Life Partner <input type="checkbox"/>
Home telephone number	<input type="text"/>				Cellphone number <input type="text"/>						
Residential address	<input type="text"/>										
	<input type="text"/>									Postal code	<input type="text"/>
Email address	<input type="text"/>										

Section 2: Beneficiary details

You may nominate any person to receive any part of the benefit that will be paid from the Stand-alone Insurance Scheme if you die. 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.

The payment of death benefits under the Stand-alone Insurance Scheme is governed by the insurance policy conditions. Your Stand-alone Insurance Scheme benefit will be paid in accordance with your beneficiary nomination form.

Surname	Full names	Title	ID/Passport number	Cellphone no	Home tel no	Relationship (e.g. spouse, partner, daughter, son, mother, friend, etc.)	Financially dependent on you (Y/N)	% Share
							Yes <input type="checkbox"/> No <input type="checkbox"/>	
							Yes <input type="checkbox"/> No <input type="checkbox"/>	
							Yes <input type="checkbox"/> No <input type="checkbox"/>	
							Yes <input type="checkbox"/> No <input type="checkbox"/>	
							Yes <input type="checkbox"/> No <input type="checkbox"/>	
							Yes <input type="checkbox"/> No <input type="checkbox"/>	
							Yes <input type="checkbox"/> No <input type="checkbox"/>	
							Yes <input type="checkbox"/> No <input type="checkbox"/>	
							Yes <input type="checkbox"/> No <input type="checkbox"/>	
							Yes <input type="checkbox"/> No <input type="checkbox"/>	
Very important – the column on the right MUST add up to 100%								100%

If there is additional information that you want your employer to consider when making a decision on the distribution of your benefit, complete the notes field below.

Notes:

### Section 3: Member's signature

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

By signing hereunder you declare that you understand that this beneficiary nomination form cancels all previous nominations, if any, that you have made with respect to your employer's Stand-alone Insurance Scheme.

Member's name and surname

Signed at

Member's signature

Date

D

D

-

M

M

-

2

0

Y

Y

Please send a copy of this form to your human resources department to be kept in your file.

#### Options to sign the form:

1. Print out the form, sign and scan it and send it back via email 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 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.