

Spouse's Cover Claim Form

Member number

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Please attach the following documents if deceased is a South African citizen:

- Proof of marriage/ spouse/ Life partner must be provided. If a marriage is registered a marriage certificate is not needed. 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.

Please attach the following documents in addition to the above if the deceased is a Foreign National:

- Latest copy of ID or back and front copies of ID Card or birth certificate
- A copy of the deceased 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.
- For proof of marriage / spouse a marriage certificate is needed. 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

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

- All applicable 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.

Section 1: Employer details

Employer's name

Employee number

Section 2: Member details

Title Initials First name/s

Surname

Date of birth - -

RSA ID Yes No ID/Passport no

Passport country of origin

Marital status of the member at the time of death Single Married Permanent Life Partner Divorced Widowed

Last known residential address

Postal Code

Last known postal address

Postal Code

Last known Tel no: Work Fax number

Last known Tel no: Home Cellphone no

Last known email address

Section 3: Deceased spouse's details

Title Initials First name/s

Surname

Date of birth - -

Date of death - -

RSA ID Yes No ID/Passport no

Passport country of origin

Relationship to member Spouse Permanent Life Partner

Last known Tel no: Work Fax no

Last known Tel no: Home Cellphone no

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Section 3: Deceased spouse's details (continued)

Deceased's postal address prior to death

Postal Code

Deceased's residential address prior to death

Postal Code

Section 4: Payment details

Name of payee

Account holder's name

Name of Bank

Account type Current/Cheque Savings Transmission Branch office

Account number Branch code - -

Signed at

Members' signature

Date - -

Section 5: Declaration by employer

I (full names)

hereby declare that:

- At the time of death of the spouse the member's cover under the insurance policy was active;
- All particulars furnished in this form and accompanying documentation to the best of my knowledge are true and correct; and
- I have made every effort to comply with the requirements stipulated 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 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.

[Click here](#) to read the full consent document.

Signed at

Designation

Signature on behalf of employer

Date - -

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.
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.

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/fundsatwork

Momentum Corporate is a part of Momentum Metropolitan Life Limited, an authorised financial services and registered credit provider Reg. No. 1904/002186/06

Affidavit - Permanent Life Partner

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 follows:

I am an adult male/female, residing at

Residential address

Postal code

My contact details are:

Cellphone no Tel no: Home

The facts contained in this affidavit fall within my personal knowledge, unless the contrary is expressly stated, and are to the best of my belief both true and correct.

The deceased, Title Full name

RSA ID Yes No ID / Passport no

Passport country of origin

was my permanent life partner since - - , until the time of his or her death.

we were living together in a joint household which we mutually shared at

Residential address

Postal code

from - - until the time of my partner's death - -

We were financially dependent on each other;

The financial dependent amount is R per month

We have children born from our "union" or jointly raised during our union namely

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|-----------|----------------------|---------------|----------------------|----------------------|---|----------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|
| Full name | <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"/> |
| Full name | <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"/> |
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| Full name | <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"/> |

We shared the following living expenses:

We jointly owned the following assets and liabilities:

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

I nominated my partner

Title First name

Surname

as a beneficiary under my insurance policy

Policy Details

Will and testament

I nominated my partner/or my partner nominated me in our will under clause.

Medical Aid

I was covered under my partner's medical aid

Name of medical aid

from - - until the time of his/her death - -

OR My partner

Title First name

Surname

was covered under my medical aid from - - until the time of his/her death - -

In addition, the following information confirms my relationship to the deceased

Signed at

Deponent **Date**

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**

Title First name

Surname

Address

Postal code

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 follows:

I am an adult male/female, residing at

Residential address

Postal code

My contact details are:

Cellphone number Tel no: Home

The facts contained in this affidavit fall within my personal knowledge, unless the contrary is expressly stated, and are to the best of my belief both true and correct.

The deceased,

Title Full name

RSA ID Yes No ID / Passport no

Passport country of origin

was my husband/Wife since - - , until the time of his or her death.

I confirm that our marriage was in terms of Islamic law Hindu law Buddhist law Other

The marriage was performed by: Title First name

Surname

(Religious leader/ Designation)

Place

I attach a copy of a certificate issued by the authority (e.g. Muslim Judicial Council).

Signed at

Deponent

Date

- -

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.

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Signed at

Commissioner of Oaths

Date

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| D | D | - | M | M | - | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|---|---|

Title

First name

Surname

Address

Postal code

I certify that:

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Signed at

| | | | | | | | | | | | |
|------------------------------|----------------------|------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Commissioner of Oaths | <input type="text"/> | Date | <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"/> | | | | | | | | | | |

Title First name

Surname

Address

Postal code

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

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 follows:

I am an adult male/female, residing at

Residential address

Postal code

My contact details are:

Cellphone no Tel no: Home

The facts contained in this affidavit fall within my personal knowledge, unless the contrary is expressly stated, and are to the best of my belief both true and correct.

I confirm the following:

The deceased

Full Name

RSA ID Yes No ID / Passport no

Passport country of origin

born on - - was my biological child or my spouse's child.

The deceased's surname was different from the members' due to the following reasons:

I attach proof of the following showing that he/she was my child: (select whichever is applicable):

- Medical aid certificate
- School fees receipts/statements;
- Beneficiary nomination form of any policy or product;
- Any other form of proof.

Signed at

Deponent **Date** - -

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.

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Signed at

Commissioner of Oaths

Date

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| D | D | - | M | M | - | Y | Y | Y | Y |
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Title

First name

Surname

Address

Postal code