

FundsAtWork Claim form for Family Protector

Member number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

- If the deceased child does not bear the same surname as the member, the attached affidavit must be completed by a parent not claiming and certified by a Commissioner of Oaths.
- If the deceased is a spouse, proof of marriage/ spouse/ Life partner must be provided. If a marriage is registered the 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.
- If a marriage certificate is not available, proof that a permanent life partnership existed, in the form of an affidavit.

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

- Copy of ID or back and front copies of ID Card or birth certificate
- A copy of the deceased member's passport and death certificate. An English translation if document submitted in another language
- Proof of marriage / spouse / Life partner 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 (compulsory)

Title Initial/s First name

Surname

Date of birth - -

RSA ID Yes No ID/Passport number

Passport country of origin

Residential address

Postal address Postal Code

Telephone - work Fax number

Telephone - home Cell number

Email address

Tax number Tax office

Section 3: Claimant's details (if different from member)

Title Initial/s First name

Surname

Date of birth - -

RSA ID Yes No ID/Passport number

Passport country of origin

Residential address

Postal Code

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Section 3: Claimant's details (if different from member) (continued)

Postal address
 Postal Code

Relationship to the member Fax number

Telephone - work Fax number

Telephone - home Cell number

Email address

Tax number Tax office

Section 4: Next of kin to the deceased, other than the claimant (if the member is the deceased)

Title Initial/s First name

Surname

Date of birth - -

RSA ID Yes No ID/Passport number

Passport country of origin

Residential address

Postal address
 Postal Code

Telephone - work Fax number

Telephone - home Cell number

Email address

Section 5: Deceased's details (if the deceased is the member, complete 'Date of death' only)

Title Initial/s First name

Surname

Date of birth - -

Date of death - -

RSA ID Yes No ID/Passport number

Passport country of origin

Residential address

Postal address
 Postal Code

Telephone - home Cell number

Email address

Section 6: Payment details for funeral benefit

Name of account holder

Name of bank

Account type Current/Cheque Savings Transmission

Account number Branch code - -

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Section 7: Health premium waiver

- The health premium waiver pays the contribution to the member's medical scheme on the member's acceptance of disability by Momentum FundsAtWork (if they have an income or lump sum disability benefit) or on the member's death (if they have a group life benefit).
- Momentum FundsAtWork will make the payment to the medical scheme.
- Annual increases for members on Momentum Health will be covered by the health premium waiver benefit.
- Annual increases on another medical scheme will be capped to the medical inflation rate.
- All claims are subject to receiving the relevant accompanying documentation.

This claim is a result of the member's: Disability Death

Medical scheme details

Name of the medical scheme	<input type="text"/>
Reference number	<input type="text"/>
Option	<input type="text"/>
Number of dependants	<input type="text"/>
Premium paid	R <input type="text"/>

Section 8: Payment details of medical scheme (other than Momentum Health)

Name of account holder	<input type="text"/>		
Name of bank	<input type="text"/>		
Account type	<input type="checkbox"/> Current/Cheque	<input type="checkbox"/> Savings	<input type="checkbox"/> Transmission
Account number	<input type="text"/>	Branch code	<input type="text"/> - <input type="text"/> - <input type="text"/>

Section 9: Declaration by employer

I (full names)

hereby declare that:

- The deceased was a member of the scheme at the date of death or a dependant of a member.
- All particulars furnished in this form and accompanying documentation are true and correct.
- I have made every effort to comply with the requirements stated in this document.

Signed at

Designation

Signature

Date - - 2 0

Official stamp of employer

Completed form to be faxed to 012 675 3970 or emailed to clientcontactcentre@momentum.co.za.

Terms and conditions

- Momentum FundsAtWork will not be liable for any losses the claimant incurs if the information supplied is unclear, illegible or incorrect in any way.
- No benefit will be paid if death is as a result of suicide or self-inflicted injury within the first two years of the member flexing their benefit.
- Momentum FundsAtWork reserves the right to request further documentation / proof before finalising this claim.
- Notification of a claim must be received within 3 months of the date of death for it to be admitted.
- All requirements must be received within 4 months for the claim to be paid.
- All claims are subject to receiving the relevant accompanying documentation as specified at the beginning of this form.

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:

- Print out the form, sign and scan it and send it back via email to momentumcorporateclient@momentum.co.za or fax it to +27 (0)12 675 3970.
- 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

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"/>
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"/>
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.

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	<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 - African Customary Marriages

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 husband/Wife since [D][D] - [M][M] - [Y][Y][Y][Y], until the time of his or her death.

I confirm the following:

Our marriage was a customary union; (select whichever is applicable):

[] My late husband

Title [] First name []

Surname []

paid lobola to my father/Guardian parent(s)

Title [] First name []

Surname []

RSA ID Yes [] No [] ID / Passport no []

Passport country of origin []

or with my and my father's consent on [D][D] - [M][M] - [Y][Y][Y][Y] that being our date of marriage;

or

[] My family and I paid lobola to my late wife's father/Guardian parent

Title [] First name []

Surname []

RSA ID Yes [] No [] ID / Passport no []

Passport country of origin []

with the intent of making her my lawful wife as per the custom on [D][D] - [M][M] - [Y][Y][Y][Y] that being our date of marriage;

the payment of/or part thereof of lobola, we have been living together as husband and wife from this date until the time of his death

I attach a copy of the following [] proof of lobola letter [] Certificate issued by any council or authority. [] (select whichever is applicable)

Signed at []

Deponent [] Date [D][D] - [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	<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"/>

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.

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

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

Title

First name

Surname

Address

Postal code