

# FundsAtWork Umbrella Funds Spouse's cover claim form

Member number

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

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

- If the deceased is a spouse, proof of marriage/spouse/life partner must be provided. If a marriage is registered, then the marriage certificate is not required. If it is a customary union or a marriage concluded under the tenets of any other religion, or a permanent life partner, the relevant affidavit in this form must be completed and signed before a Commissioner of Oaths.

**Attach these documents in addition to the ones 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's passport.
- If the deceased passed away in South Africa, a certified copy of the handwritten abridged death certificate and a copy of the Notice of death/stillbirth (DHA-1663) form.
- If the deceased passed away outside of South Africa, a certified copy of the death certificate from the country in which they passed away. If it is not in English a translation must be obtained.
- Proof of marriage/spouse/life partner, ie, a marriage certificate is required. If it is a customary union or a marriage concluded under the tenets of any other religion, or a permanent life partner, the relevant affidavit in this form must be completed and signed before a Commissioner of Oaths.

**The processing of the claim is subject to these 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 | <input type="text"/> |
| Employee number | <input type="text"/> |

## Section 2: Member details

|   |                              |                             |                      |                        |                      |
|---|------------------------------|-----------------------------|----------------------|------------------------|----------------------|
| Title   | <input type="text"/>         | Initial(s)                  | <input type="text"/> | First name(s)          | <input type="text"/> |
| Surname   | <input type="text"/>         |                             |                      |                        |                      |
| Date of birth                                     | <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 of the member at the time of death | <input type="text"/>         | Single                      | <input type="text"/> | Married                | <input type="text"/> |
|   |                              |                             |                      | Permanent life partner | <input type="text"/> |
|   |                              |                             |                      | Divorced               | <input type="text"/> |
|   |                              |                             |                      | Widowed                | <input type="text"/> |
| Last known residential address                    | <input type="text"/>         |                             |                      |                        |                      |
|   | <input type="text"/>         |                             |                      |                        |                      |
|   | <input type="text"/>         | Postal code                 | <input type="text"/> |                        |                      |
| Last known postal address                         | <input type="text"/>         |                             |                      |                        |                      |
|   | <input type="text"/>         | Postal code                 | <input type="text"/> |                        |                      |
| Last known work number                            | <input type="text"/>         | Fax number                  | <input type="text"/> |                        |                      |
| Last known home number                            | <input type="text"/>         | Cellphone number            | <input type="text"/> |                        |                      |
| Last known email address                          | <input type="text"/>         |                             |                      |                        |                      |

## Section 3: Deceased spouse's details

|                            |                              |                             |                      |                        |                      |
|----------------------------|------------------------------|-----------------------------|----------------------|------------------------|----------------------|
| Title                      | <input type="text"/>         | Initial(s)                  | <input type="text"/> | First name(s)          | <input type="text"/> |
| Surname                    | <input type="text"/>         |                             |                      |                        |                      |
| Date of birth              | <input type="text"/>         | <input type="text"/>        | -                    | <input type="text"/>   | <input type="text"/> |
| Date of death              | <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"/>         |                             |                      |                        |                      |
| Relationship to member     | <input type="text"/>         | Spouse                      | <input type="text"/> | Permanent life partner | <input type="text"/> |
| Last known work number     | <input type="text"/>         | Fax number                  | <input type="text"/> |                        |                      |
| Last known home number     | <input type="text"/>         | Cellphone number            | <input type="text"/> |                        |                      |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

### Section 3: Deceased spouse's details (continued)

|                                    |  |             |  |
|------------------------------------|--|-------------|--|
| Postal address prior to death      |  |             |  |
|                                    |  | Postal code |  |
| 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 <input type="checkbox"/> | Savings <input type="checkbox"/> | Transmission <input type="checkbox"/> |
| Account number        |   | Branch code                      |                                       |
| Signed at             |   |                                  |                                       |

Signature on behalf of employer

Date

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

### Section 5: Declaration by employer

I  (full names)

declare that:

- At the time of death of the spouse the member's cover under the insurance policy was active;
- All particulars provided in this form and accompanying documentation are to the best of my knowledge 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 the information that I provide in this form. I understand that the information will be processed according to 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 Momentum's privacy notice.

|             |  |
|-------------|--|
| Signed at   |  |
| Designation |  |

Signature on behalf of employer

Date

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

Company stamp

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](mailto:momentumcorporateclient@momentum.co.za) or fax it to +27 (0)12 675 3970.
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  
 The Marc, 129 Rivonia Rd, Sandown, Sandton 2196, PO Box, Sandton, South Africa  
 Tel +0860 65 75 85 Fax +27 (0)12 675 3970  
 Parc du Cap, 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](mailto:momentumcorporateclient@momentum.co.za) [www.momentum.co.za/momentum/business](http://www.momentum.co.za/momentum/business)  
 Momentum Corporate is a part of Momentum Metropolitan Life Limited (registration number 1904/002186/06),  
 a licensed life insurer, authorised financial services (FSP6406) and registered credit provider (NCRCP173).

## Affidavit - permanent life partner

### I am the main member

|                            |                              |                             |   |
|----------------------------|------------------------------|-----------------------------|---|
| Title                      | <input type="text"/>         | First name                  | <input type="text"/>                    |
| Surname                    | <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"/>         |                             |   |
| Residential address        | <input type="text"/>         |                             |   |
|                            | <input type="text"/>         |                             |   |
|                            | <input type="text"/>         |                             | Postal code <input type="text"/>        |
| Cellphone number           | <input type="text"/>         | Home number                 | <input type="text"/>                    |

I hereby make an oath and state as follows:

The facts contained in this affidavit are to the best of my knowledge true and correct.

### The deceased

|                            |                              |                             |   |
|----------------------------|------------------------------|-----------------------------|---|
| Title                      | <input type="text"/>         | Full name                   | <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"/>         |                             |   |

was my life partner since   -   -     until the date of their death.

☐ We were living together in a joint household which we have shared since   -   -     until the date of their death.

☐ We were financially dependent on each other.

The financially dependent amount is R  per month.

☐ We have  children born from our union or raised jointly during our union. The details of the children are:

|           |                      |               |   |
|-----------|----------------------|---------------|---|
| 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 these living expenses:

☐ We jointly owned these assets and liabilities:

**Please provide specific detail(s) that can objectively prove/substantiate that this was your life partner:**

### Insurance policy

☐ I nominated my partner as a beneficiary for this insurance policy.

Policy details

### Will and testament

☐ I nominated my partner/or my partner nominated me in our will under this clause:

### Medical aid

☐ I was covered under my partner's medical aid.

Name of medical aid

from   -   -     until the date of their death.

☐ My partner was covered under my medical aid.

Name of medical aid

from   -   -     until the date of their death.

The following information also confirms my relationship with the deceased.

|             |   |
|-------------|---|
| <div></div> | <div></div> <div>Signed at</div> <div><input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></div> <div>Date</div> |
| Deponent    |   |

I certify that the deponent acknowledged to me that:

- They know and understand the content of this declaration, which was sworn before me.
- They have no objection to take this prescribed oath.
- They consider the prescribed oath to be binding on their conscience.

The deponent signed this declaration in my presence at the address below.

|                       |   |
|-----------------------|---|
| <div></div>           | <div></div> <div>Signed at</div> <div><input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></div> <div>Date</div> |
| Commissioner of Oaths |   |
| Title                 | <input type="text"/> First name <input type="text"/>  |
| Surname               | <input type="text"/>  |
| Address               | <input type="text"/>  |
|                       | <input type="text"/>  |
|                       | <input type="text"/> Postal code <input type="text"/>   |

I hereby make an oath and state as follows:

The facts contained in this affidavit are to the best of my knowledge true and correct.

|                      |                          |           |                          |                    |                      |   |   |   |   |
|----------------------|--------------------------|-----------|--------------------------|--------------------|----------------------|---|---|---|---|
| Title                | <input type="text"/>     | Full name | <input type="text"/>     |                    |                      |   |   |   |   |
| Yes                  | <input type="checkbox"/> | No        | <input type="checkbox"/> | ID/passport number | <input type="text"/> |   |   |   |   |
| <input type="text"/> |                          |           |                          |                    |                      |   |   |   |   |
| D                    | D                        | -         | M                        | M                  | -                    | Y | Y | Y | Y |

until the date of their 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, eg the Muslim Judicial Council.

|                                 |  |  |  |
|---------------------------------|--|--|--|
| <div>Deponent</div> <div></div> |  | <div>Signed at</div> <div> <div> <div>D</div> <div>D</div> </div> <div>-</div> <div> <div>M</div> <div>M</div> </div> <div>-</div> <div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div> </div> |  |
|---------------------------------|--|--|--|

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- They consider the prescribed oath to be binding on their conscience.

The deponent signed this declaration in my presence at the address below.

|                       |  |           |  |   |  |   |  |   |  |   |  |   |  |   |  |   |  |   |  |
|-----------------------|--|-----------|--|---|--|---|--|---|--|---|--|---|--|---|--|---|--|---|--|
|                       |  | Signed at |  |   |  |   |  |   |  |   |  |   |  |   |  |   |  |   |  |
|                       |  | D         |  | D |  | - |  | M |  | M |  | - |  | Y |  | Y |  | Y |  |
| Commissioner of Oaths |  | Date      |  |   |  |   |  |   |  |   |  |   |  |   |  |   |  |   |  |

|         |                      |             |                      |
|---------|----------------------|-------------|----------------------|
| Title   | <input type="text"/> | First name  | <input type="text"/> |
| Surname | <input type="text"/> |             |                      |
| Address | <input type="text"/> |             |                      |
|         | <input type="text"/> |             |                      |
|         | <input type="text"/> | Postal code | <input type="text"/> |



I certify that the deponent acknowledged to me that:

- They know and understand the content of this declaration, which was sworn before me.
- They have no objection to take this prescribed oath.
- They consider the prescribed oath to be binding on their conscience.

The deponent signed this declaration in my presence at the address below.

|                       |             |   |             |
|-----------------------|-------------|---|-------------|
| <div></div>           |             | <div></div>   |             |
|                       |             | Signed at   |             |
|                       |             | <div><div>D</div><div>D</div><div>-</div><div>M</div><div>M</div><div>-</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div> |             |
| Commissioner of Oaths |             | Date  |             |
| Title                 | <div></div> | First name  | <div></div> |
| Surname               | <div></div> |   |             |
| Address               | <div></div> |   |             |
|                       | <div></div> |   |             |
|                       | <div></div> | Postal code   | <div></div> |

## Affidavit - where my child's surname differs from mine

### I am the main member

|                            |                              |                             |   |
|----------------------------|------------------------------|-----------------------------|---|
| Title                      | <input type="text"/>         | First name                  | <input type="text"/>                    |
| Surname                    | <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"/>         |                             |   |
| Residential address        | <input type="text"/>         |                             |   |
|                            | <input type="text"/>         |                             |   |
|                            | <input type="text"/>         | Postal code                 | <input type="text"/>                    |
| Cellphone number           | <input type="text"/>         | Home number                 | <input type="text"/>                    |

I hereby make an oath and state as follows:

The facts contained in this affidavit are to the best of my knowledge true and correct.

### I confirm that

|                                    |  |  |   |
|------------------------------------|--|--|---|
| <input type="checkbox"/> The child |  |  |   |
| Full name                          | <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"/>   |  |   |
| born on                            | <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"/> <input type="text"/> | is my biological child or my spouse's child. |   |

The child's surname is different from mine because of these reasons:

### I attach proof of the following to show that they are my child (select whichever is applicable):

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

|                      |  |
|----------------------|--|
| <input type="text"/> | <input type="text"/>   |
|                      | Signed at  |
|                      | <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"/> <input type="text"/> |
| Deponent             | Date   |



I certify that the deponent acknowledged to me that:

- They know and understand the content of this declaration, which was sworn before me.
- They have no objection to take this prescribed oath.
- They consider the prescribed oath to be binding on their conscience.

The deponent signed this declaration in my presence at the address below.

|                       |             |   |             |
|-----------------------|-------------|---|-------------|
| <div></div>           |             | <div></div>   |             |
|                       |             | Signed at   |             |
|                       |             | <div><div>D</div><div>D</div><div>-</div><div>M</div><div>M</div><div>-</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div> |             |
| Commissioner of Oaths |             | Date  |             |
| Title                 | <div></div> | First name  | <div></div> |
| Surname               | <div></div> |   |             |
| Address               | <div></div> |   |             |
|                       | <div></div> |   |             |
|                       | <div></div> | Postal code   | <div></div> |