momentum
corporate

Death claim for unapproved benefits

(Group Life Cover)

Member number

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

NOTE: The unapproved lump sum death benefit will be paid to beneficiaries selected on the deceased member's beneficiary nomination form. If no beneficiary nomination form was completed by the deceased member or if the nomination is invalid, the death benefit will be paid into the deceased member's estate.

Section 1: Employer details

Scheme name

Scheme ref

Name of employer

Section 2: Deceased member's details

Title

Initials

First name/s

Surname

RSA ID Yes No

ID/Passport no

Passport country of origin

Marital status Married Divorced Single Widower Permanent Life Partner

Date of birth D D - M M - Y Y Y Y

Date of death D D - M M - Y Y Y Y

Postal address prior to death

Postal Code

Residential address prior to death

Postal Code

Last known Tel No: Home

Cellphone no

Last known email address

Was the member "actively at work" at the date of joining the Fund? Yes No

Salary on which life cover premium was based (if not the same as the pensionable salary)R

Date of joining the employer D D - M M - Y Y Y Y

Date of joining scheme D D - M M - Y Y Y Y

Last day member was actively at work D D - M M - Y Y Y Y

Month of last premium paid D D - M M - Y Y Y Y

Was the member in receipt of a monthly disability income benefit immediately prior to death? Yes No

Section 3: Distribution of benefits and payment details

Title | Initials | First name/s

Surname

Last known Tel No: Home | Cellphone no

Last known Email address

Last known Residential address

Postal Code

Relationship to member | % Share

To whom is benefit payable? ☐ Dependants/ nominees ☐ Employer ☐ Other if other, enter name and postal address

Name

Last known Tel No: Home | Cellphone no

Postal address

Postal Code

Name of payee

Account holder's name

Name of bank

Branch name | Branch code - -

Account number

Account type Current/ Cheque ☐ Transmission ☐ Savings ☐

Title | Initials | First name/s

Surname

Last known Tel No: Home | Cellphone no

Last known Email address

Last known Residential address

Postal Code

Relationship to member | % Share

To whom is benefit payable? ☐ Dependants/ nominees ☐ Employer ☐ Other if other, enter name and postal address

Name

Last known Tel No: Home | Cellphone no

Postal address

Postal Code

Name of payee

Account holder's name

Name of bank

Branch name | Branch code - -

Account number

Account type Current/ Cheque ☐ Transmission ☐ Savings ☐

Title | Initials | First name/s

Surname

Last known Tel No: Home | Cellphone no

Last known Email address

Last known Residential address

Postal Code

Relationship to member

% Share

To whom is benefit payable? ☐ Dependants/ nominees ☐ Employer ☐ Other if other, enter name and postal address

Name

Last known Tel No: Home

Cellphone no

Postal address

Postal Code

Name of payee

Account holder's name

Name of bank

Branch name

Branch code - -

Account number

Account type Current/ Cheque ☐ Transmission ☐ Savings ☐

Section 4: Declaration by employer

I hereby declare that:

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

Signed at

Designation

Signature

Date D D - M M - Y Y Y Y

Official stamp of employer

Documents required:

The following documents are required for claim submission together with a fully completed claim form: **(If the deceased was a South African citizen)**

Death of member:	
The most recent nominated beneficiary form.	
A fully completed trust deed, where a trust needs to be set up for a minor/s.	☐
If it is a Customary Union or a marriage concluded under the tenets of any other religion, or a Permanet Life Partner, the attached Momentum Affidavit must be completed and signed before a commissioner of oaths.	☐
For accidental death benefit:	
Police report	☐
Identity of body form.	

The following documents are required for claim submission together with a fully completed claim form: **(If the deceased is a Foreign national)**

Death of member	
Copy of members latest ID or back and front copies of ID card or birth certificate.	☐
A certified copy of the late member's passport.	☐
A certified copy of death certificate. An English translation if document submitted in another language.	☐
The most recent nominated beneficiary form.	
A marriage certificate is needed as proof of marriage/ spouse/ life partner. If it is a Customary Union or a marriage concluded under the tenets of any other religion, or a Permanet Life Partner, the attached Momentum Affidavit must be completed and signed before a commissioner of oaths.	☐
A fully completed trust deed for minor/s.	☐

Momentum reserves the right to request additional documents should they so require.

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 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 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.

submit form save form print

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

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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 D D - M M - Y Y Y Y, 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 D D - M M - Y Y Y Y until the time of my partner's death D D - M M - Y Y Y Y

☐ We were financially dependent on each other;

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

Full name | Date of birth D D - M M - Y Y Y Y

Full name | Date of birth D D - M M - Y Y Y Y

Full name | Date of birth D D - M M - Y Y Y Y

Full name | Date of birth D D - M M - Y Y Y Y

Full name | Date of birth D D - M M - Y Y Y Y

☐ 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 D D - M M - Y Y Y Y until the time of his/her death D D - M M - Y Y Y Y

☐ OR My partner

Title First name

Surname

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

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

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	Date D D - M M - Y Y Y Y
Title	First name
Surname	
Address	
	Postal code

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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 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 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 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

Date D D - M M - Y Y Y Y

Title

First name

Surname

Address

Postal code

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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 lobolo, 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 lobolo 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	Date D D - M M - Y Y Y Y
Title	First name
Surname	
Address	
	Postal code

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Affidavit - Where child/ren surname differs

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 D D - M M - Y Y Y Y was my biological child or my spouse's child.

The deceased's surname was different from mine 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 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

Date D D - M M - Y Y Y Y

Title

First name

Surname

Address

Postal code