momentum

corporate

Momentum Corporate Preservation Funds Section 14(8): Recognition of transfer (Form J)

Please fill in this form in the fields provided. Use the tab key to move from one field to the next.

-	Section 1: For the Preservation Fund (12/8/) Transferor Fund) in respect of member:			
Tit	tle	Initial/s First name		
Surname RSA ID Passport country of origin Member number				
		Yes No Identity / Passport number		
1.	The date of final settlement is	and the amount paid on this date is R		
2.		or decreased with fund return from the effective date of transfer to the date of final settlement; and y of this form will be forwarded to the transferee fund within 14 working days from the date of final settlement		
3.	On behalf of the transferor fund:			
	Full name in print			
	Designation			
	Administrator			
	Telephone			
	Fax			
	Email			
	Signature	Date D - M M - 2 0 Y Y		
	ection 2: For the Fransferee Fund) In respect	of member:		
1.	Banking details of the transferee fund /	receiving entity (where the assets were deposited):		
	Account holder			
	Name of bank			
	Branch Code			
	Reference number			

2. I certify that:

Amount

- 2.1 the transfer value will be applied in the manner specified in Form H of this transfer; and
- a duly completed and signed copy of this form will be forwarded to the transferor fund within 14 working days from the date of receipt thereof.

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Date of deposit

Section 2: (Continued)

3. 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.

4. On behalf of the transferee fund:

Full name in print		
Designation		
Administrator		
Telephone		
Fax		
Email		
Signature	Date D - M M	- 2 0 ^Y ^Y

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:

2

- 1. Print out the form, sign and scan it and send it back via email to fawpreservationfund@momentum.co.za, call 086 055 5572 or fax it to Fax +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 Tel +0860 65 75 85 Fax +27 (0)12 675 3970 multiplyforcorporates@momentum.co.za/fundsatwork Momentum Corporate is part of Momentum Metropolitan Life Limited, an authorised financial services and registered credit provider

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