momentum

corporate

Momentum Corporate Preservation Funds Proposed transfer of business between preservation funds (Form H)

Ple	ease fill in this form in the fields	provided. Use the tab key	to move fro	m one field to t	the next.								
Pr	ection 14(8): scheme for reservation fund (transfereservation fund (tra	eror fund) (12/8/	sfer of b) to th) as a	е	om the								
	Transfer requested by member												
	Title	Init	ial/s	Firs	st name								_
	Surname												
	RSA ID	Yes No	lo	lentity / Passpor	t number								
	Passport country of origin												_
	Member number												
2.	The transfer will be effected in terr	ms of the following rules:											
	Transferor fund:			Transfer	ee fund:								
3.	The associated share of fund in te transfer are as follows:		ı		mbership	of the tr	ansfero						ie
		Number transferring:	Share of fu	nd					nber i transt		ning af	ter	
Active members			R					Variable					
D	eferred pensioners		R										
U	nclaimed benefits		R										
		Total:	R										
4.	The table below reflects the amou account and reserve accounts are	e based:				hich the					r surpli	ıs	
	Account:	Balance prior to transfe	er:	Amount transferred:			In	In terms of Rule:					
	Member surplus account: Contingency reserve accounts: A B C												
	To	otal											
5.	The total amount that will be trans	ferred at the effective date i	s R	a	and this ar	mount is	consti	tuted a	s follo	ows:			
	Share of Fund	R											
	Surplus and Reserves	R											
	Total	R											
_													_

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6. The assets to be transferred will be increased or decreased with fund return from the effective date of the transfer to the date of final settlement.

7.	Where housing loans are transferred, the details thereof, or an explanation as to the extent and nature of the liability, are as follows:							
8.	Where any enforceable court orders in respect of the members transferring form part of the liabilities transferred, the details are as follows:							

Certification by the Transferor Fund:

- 9. We, the board of the transferor fund, certify that:
 - 9.1 this transaction is exempt from the provisions of section 4(1) as set out in paragraph 29.1.4 of Directive 6 issued in terms of section 33A;
 - 9.2 the transfer value accords full recognition to the rights and reasonable benefit expectations of the transferring member;
 - 9.3 the rights and reasonable benefit expectations of the remaining members are not adversely affected;
 - 9.4 the provisions of the rules of the transferor fund have been complied with;
 - 9.5 the assets and liabilities will be transferred within 180 days of the effective date of transfer;
 - 9.6 the assets to be transferred will be increased or decreased with fund return from the effective date to the date of final settlement;
 - 9.7 the member will not become entitled to a cash refund, except for payment of tax payable to SARS, and
 - 9.8 the transferor fund will keep full records of this transfer and will present these to the Registrar upon request or inspection.
- 10. We, duly authorised by the board of the transferor fund, declare that the information in paragraphs 1 to 9 above is, to the best of our knowledge and belief, correct and complete. We undertake to duly complete and sign Form J in recognition of the transfer and refer it to the transferee fund within 14 working days of date of final settlement.
- 11. 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.

Chairperson / authorised member of the board	Principal Officer
Full name in print	Full name in print
Date DD - MM - YYYY	Date DD - MM - YYYY

Certification by the Transferee Fund:

- 12. We, the board of the transferee fund, certify that:
 - 12.1 this transaction is exempt from the provisions of section 4(1) as set out in paragraph 29.1.4 of Directive 6 issued in terms of section 33A;
 - 12.2 the rights and reasonable benefit expectations of the existing members in the transferee fund are not adversely affected by this transfer;
 - 12.3 the benefits of the transferring member will be applied reasonably and equitably in the transferee fund;
 - 12.4 the provisions of the rules of the transferor fund have been complied with; and
 - 12.5 1the transferee fund will keep full records of this transfer and will present them to the Registrar upon request or inspection.
- 13. We, duly authorised by the board of the transferee fund, declare that the information in paragraphs 2 and 11 above is, to the best of our knowledge and belief, correct and complete. We accept the transfer on the terms set out above and undertake to complete Form J upon receipt from the transferor fund and return a completed and duly signed copy within 14 working days of receipt thereof.

14. 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.

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Chairperson / authorised member of the board	Principal Officer
Full name in print	Full name in print
Date DD - MM - YYYY	Date D - M M - Y 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:

- 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.
- 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.