

# Momentum Corporate Preservation Funds Beneficiary nomination form

Member number

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You may nominate any person to receive any part of the benefit that will be paid from the Fund if you die. This should include your spouse or partner, your children, any person that is financially dependent on you or any person that you want to receive a part of your benefit. The trustees of the Momentum Corporate Preservation Funds have a duty under the Pension Funds Act to distribute the benefits equitably between your beneficiaries, taking the provisions of the Pension Funds Act into account. What this means is that even though the trustees will take your nomination into account, they have the final say. There is a difference between how the benefit from a fund is distributed and a will, for example, where the benefits are paid exactly to whom you have specified.

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

## Section 1: Member details

Title  Initial/s

First name

Surname

Date of birth 

D	D	-	M	M	-	Y	Y	Y	Y
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RSA ID Yes  No  Identity / Passport number 

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Passport country of origin

Postal address

Residential address   
  
 Postal Code

Telephone - work  Fax

Telephone - home  Cell phone

Personal email address

Name of fund

## Section 2: Beneficiaries' details

As a guide to the trustees, please provide the details of the beneficiaries you nominate to receive your benefit in the fund, upon your death. Nominee means a person who is not a dependant and is nominated in writing to receive a benefit upon the member's death.

1. Title  Initial/s

First name

Surname

Date of birth 

D	D	-	M	M	-	Y	Y	Y	Y
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RSA ID Yes  No  ID/Passport number 

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Passport country of origin

Telephone

Cellphone number

% Share  %

Address   
  
 Postal Code

Email address

Relationship

Is this beneficiary financially dependent on you? Yes  No

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## Section 2: Beneficiaries' details (continued)

Do you want the benefit paid to this beneficiary to be paid into a trust? If yes, please provide the details of the trust.

Name of the trust

Full name of administrator

Administrator's contact details

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Title 2.  Initial/s

First name

Surname

Date of birth    -    -

RSA ID Yes  No  ID/Passport number

Passport country of origin

Telephone

Cellphone number

% Share  %

Address

Postal Code

Email address

Relationship

Is this beneficiary financially dependent on you? Yes  No

Do you want the benefit paid to this beneficiary to be paid into a trust? If yes, please provide the details of the trust.

Name of the trust

Full name of administrator

Administrator's contact details

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Title 3.  Initial/s

First name

Surname

Date of birth    -    -

RSA ID Yes  No  ID/Passport number

Passport country of origin

Telephone

Cellphone number

% Share  %

Address

Postal Code

Email address

Relationship

Is this beneficiary financially dependent on you? Yes  No

Do you want the benefit paid to this beneficiary to be paid into a trust? If yes, please provide the details of the trust.

Name of the trust

Full name of administrator

Administrator's contact details

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## Section 2: Beneficiaries' details (continued)

4. Title  Initial/s

First name

Surname

Date of birth   -   -

RSA ID Yes  No  ID/Passport number

Passport country of origin

Telephone

Cellphone number

% Share  %

Address   
  
 Postal Code

Email address

Relationship

Is this beneficiary financially dependent on you? Yes  No

Do you want the benefit paid to this beneficiary to be paid into a trust? If yes, please provide the details of the trust.

Name of the trust

Full name of administrator

Administrator's contact details

5. Title  Initial/s

First name

Surname

Date of birth   -   -

RSA ID Yes  No  ID/Passport number

Passport country of origin

Telephone

Cellphone number

% Share  %

Address   
  
 Postal Code

Email address

Relationship

Is this beneficiary financially dependent on you? Yes  No

Do you want the benefit paid to this beneficiary to be paid into a trust? If yes, please provide the details of the trust.

Name of the trust

Full name of administrator

Administrator's contact details

6. Title  Initial/s

First name

Surname

Date of birth   -   -

RSA ID Yes  No  ID/Passport number

Passport country of origin

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## Section 2: Beneficiaries' details (continued)

Telephone

Cellphone number

% Share  %

Address   
  
 Postal Code

Email address

Relationship

Is this beneficiary financially dependent on you? Yes  No

Do you want the benefit paid to this beneficiary to be paid into a trust? If yes, please provide the details of the trust.

Name of the trust

Full name of administrator

Administrator's contact details

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## Section 3: Summary of beneficiaries

Please complete the table below to summarise the beneficiaries. The % allocation must not exceed 100%. If it does, then the nominations will be invalid.

Name and surname	Relationship	Identity / Passport number	% allocation

If there is additional information you want the trustees to consider when making a decision on the distribution of your benefit, complete the notes field below.

### Notes

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## Section 4: Dependant details

Name of dependant	Relationship	Amount	% allocation

## Section 5: Details of maintenance order

Are you currently paying maintenance in terms of a maintenance order? If yes, please provide the details.

Name and surname	Relationship	Amount	Payable until when

If your circumstances change, for example you get married or divorced or have a child or a beneficiary dies, and you want to change your beneficiary details, you must complete a new form.

You may also log onto our website at [www.momentum.co.za/fundsatwork](http://www.momentum.co.za/fundsatwork) and change your beneficiary nomination electronically.

## Section 6: Declaration by member

I  full names

hereby declare that:

- all particulars furnished in this form are true and correct, and
- I will not hold the trustees of the Fund responsible for the performance of the portfolio/s in which I have elected to invest.

Signed at

**Member's signature**  **Date**   -   - 2 0

Completed form to be faxed to 012 675 3970 or emailed to [fawpreservationfund@momentum.co.za](mailto:fawpreservationfund@momentum.co.za).

You may also log onto our website at [www.momentum.co.za/fundsatwork](http://www.momentum.co.za/fundsatwork) and make changes to your investments electronically.

**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](mailto: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.

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## Section 7: Terms and conditions

1. Momentum will process a valid instruction to switch a member's product option or investment portfolio within 7 working days after it has received the correct and valid instruction. Momentum will process a valid instruction to change both the product option and investment portfolio within 14 working days after it has received the correct and valid instruction. In the event of bulk transaction instructions, Momentum may need to structure it over a longer period as agreed by the investment manager. A bulk transaction is where the total investments involved equals or exceeds the percentage of the portfolio's total assets specified by the specific portfolio manager.
  2. Please ensure that you track this instruction via the website, [www.momentum.co.za](http://www.momentum.co.za). Please inform our client contact centre on 0860 65 75 85 within 20 working days of submitting this form if the instruction was not executed or executed incorrectly. Please note that after the expiry of 20 working days, Momentum will not accept any liability or responsibility whatsoever for any losses incurred resulting from the incorrect execution of your instruction.
  3. Please note that if a selected portfolio is capped, the switch instruction in this form will not be executed in its entirety.
  4. Momentum will not be liable for any losses the member incurs if the information supplied is unclear, illegible or incorrect in any way.
  5. An instruction will only be considered to be correct and valid if all of the following and such other requirements as Momentum may determine from time to time are met:
    - The instruction must be in writing;
    - The instruction must be readable;
    - The instruction must be on the form and in the format decided on by the trustees of the Fund;
    - The form must be signed;
    - It must be clear which portfolio you choose;
    - The portfolio that is chosen must be available;
    - The allocation between different portfolios must add up to 100% (where applicable);
    - The investment allocation following execution of the investment instruction must comply with Regulation 28 of the Pension Funds Act;
    - The instruction must be addressed to the person as specified by Momentum, and
    - The instruction must be sent to the facsimile number or e-mail address as specified by Momentum.
  6. The investment instruction can be submitted to Momentum in one of the following ways:
    - by fax;
    - via the online internet portal using the relevant user identification and security code;
    - by email from the member;
    - by fax signed by a person legally appointed to act on the member's behalf if the member is incapable of signing an instruction because of injury, illness or mental incapacity;
    - by fax signed by the member's financial adviser, or via the internet by the member's financial adviser, using the relevant user identification and security code, as long as Momentum has been provided with a mandate from the member authorising the financial adviser to act on his behalf and Momentum has approved such financial adviser, or
    - where the administration system of the administrator allows for it, via voice-recorded transaction, subject to the terms and conditions determined by Momentum.
  7. If for whatever reason Momentum does not receive correct and valid instructions, the instructions will not be executed and the retirement savings account balances and transfer amount, if applicable, of the member will be kept in the current investment portfolio.
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