

Momentum Corporate Preservation Funds Death claim form

Member number

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

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The member's beneficiary / financial adviser must complete this form and forward it to Momentum. Please ensure that all supporting documents accompany the completed form. Please note that the trustees will use this form as a guideline to decide to whom they will distribute the death benefit.

Please attach the following documents:

Deceased member:

- Copy of death certificate.
- Copy of ID (If you have an identity card, please submit a copy of the front and back of the card).
- Beneficiary nomination form.
- Copy of will.
- Police report if cause of death is "unnatural causes".
- Details of the executor of the estate (see Section 7).
- Details of other policy payouts (unapproved group life cover and/ or individual life cover) (see Section 1).

Spouse or ex-spouse:

- Copy/ies of ID (If you have an identity card, please submit a copy of the front and back of the card).
- Copy/ies of marriage certificate/s or customary union certificate/s or confirmation of customary marriage/s confirmation from the tribal chief/s.
- Affidavit by common law spouse confirming permanent life partnership.
- Copy/ies of divorce order/s, settlement agreement/s, court orders.
- Proof of income/ latest payslip.

Guardian / Caretaker:

- Copy of ID (If you have an identity card, please submit a copy of the front and back of the card).
- Proof of residence (water and lights statement or a letter from the councillor or tribal chief confirming residence).

Children:

- Copy/ies of birth certificate/s or ID (If you have an identity card, please submit a copy of the front and back of the card).
- Proof of full-time education in respect of children over 18 years who were financially dependent on the deceased.
- Trust deed if trust has been set up.
- Affidavits by major children confirming full description of financial dependency on the deceased in rand value.
- Proof of residence for children over 18 years (water and lights statement or a letter from the councillor or tribal chief confirming residence).

Other financial dependants:

- Copy/ies of ID (If you have an identity card, please submit a copy of the front and back of the card).
- Affidavit/s confirming full description of financial dependency on the deceased including rand value.

Nominees:

- Copy/ies of ID (If you have an identity card, please submit a copy of the front and back of the card).

Section 1: Details of deceased

Title	<input type="text"/>	Initial/s	<input type="text"/>	First name	<input type="text"/>
Surname	<input type="text"/>				
Date of birth	<input type="text"/>	-	<input type="text"/>	Date of death	<input type="text"/>
Cause of death	<input type="text"/>				
Marital status of the member at the time of death	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Living together <input type="checkbox"/>	Divorced <input type="checkbox"/>	Widowed <input type="checkbox"/>
Period of living together	<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"/>				
Tax number	<input type="text"/>	Tax office	<input type="text"/>		
If the member was not registered for income tax, please select one of the following:				SITE TAX <input type="checkbox"/>	OTHER <input type="checkbox"/>
If Other, please specify	<input type="text"/>				
Deceased's residential address prior to death	<input type="text"/>				
	<input type="text"/>	Postal code	<input type="text"/>		
Was the member in receipt of a monthly disability benefit immediately prior to death?				Yes <input type="checkbox"/>	No <input type="checkbox"/>

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Section 2: Details of other policy payouts (where available)

Select option	Group life cover			Individual life cover		
Name of Insurer / fund						
Benefit amount						
Complete details of beneficiaries and allocations	Name	Relationship	Allocation	Name	Relationship	Allocation

Select option	Group life cover			Individual life cover		
Name of Insurer / fund						
Benefit amount						
Complete details of beneficiaries and allocations	Name	Relationship	Allocation	Name	Relationship	Allocation

Please provide proof of the benefits and allocation

Section 3: Spouse details

Please note that the Pension Funds Act defines a spouse to include a person who is the permanent life partner or spouse or civil union partner of a member in accordance with the Marriage Act, the Recognition of Customary Marriages Act or Civil Union Act, or tenets of a religion.

Full names of spouse

Date of birth - -

RSA ID Yes No ID / Passport number

Passport country of origin

Type of marriage Civil Customary Common law spouse

Residential address of spouse

Postal code

Telephone number

Please indicate type of accommodation in which spouse resides Owned Rented Living with parents

If rented/owned please give details of rent/bond payments R

Is the spouse employed? Yes No If Yes, what is the spouse's monthly remuneration? R

Please specify details of any other income R

If the spouse is not employed, to what extent did the deceased member support the spouse?

Is the spouse capable of managing their own financial affairs? Yes No

If No, why not?

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Section 4: Ex-spouse details

If the deceased had an ex-spouse who is still alive please indicate their details. If there are more than one ex-spouse please provide details of all the ex-spouses on a separate page.

Was the deceased previously married to anyone other than the person referred to above?

Yes

No

How many times has the deceased been divorced?

Full names of ex-spouse

Date of birth

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

RSA ID

Yes

No

ID / Passport number

Passport country of origin

Residential address of ex-spouse

Postal code

Telephone number

Date of divorce

D	D	-	M	M	-	Y	Y	Y	Y
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Was the deceased maintaining the ex-spouse at the time of death or had the deceased agreed to maintain the ex-spouse?

Yes

No

How was support provided to the ex-spouse?

Voluntarily

Agreement

Maintenance order

Other

If Other, please provide details and attach proof

Monthly maintenance provided by deceased

R

Is the ex-spouse employed?

Yes

No

If the ex-spouse is employed, what is the ex-spouse's monthly remuneration?

R

Has the ex-spouse remarried?

Yes

No

Is the ex-spouse capable of managing their own financial affairs?

Yes

No

If No, why not?

Please indicate type of accommodation in which ex-spouse resides

Owned

Rented

Living with parents

If rented/owned please give details of rent/bond payments

R

Section 5: Details of children

Please list all living children including adoptive or illegitimate children or children born after the deceased's death. Where there are more than 4 children, please list information of the other children on a separate page.

1. Full name

Date of birth

D	D	-	M	M	-	Y	Y	Y	Y
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RSA ID

Yes

No

ID / Passport number

Passport country of origin

Residential address of child

Postal code

Telephone number

Occupation

School / University

Part-Time studies and working

Working

Other

Marital status

Single

Married

Living together

Divorced

What is the financial position of the child?

Is the child in the custody of the parent?

Yes

No

If No, who is caring for the child?

Guardian

Caregiver

Other

If other, specify

Details of person caring for the child

Name

Date of birth

D	D	-	M	M	-	Y	Y	Y	Y
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ID / Passport number

Passport country of origin

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Section 5: Details of children (continued)

Address
 Postal code

Telephone number

Is this person employed? Yes No If Yes, what is their monthly remuneration? R

Is this person capable of managing their own financial affairs? Yes No

If No, why not?

Has a Trust been set up for the child? Yes No

If yes, please attach the trust deed and provide details

2. Full name

Date of birth

RSA ID Yes No ID / Passport number

Passport country of origin

Residential address of child
 Postal code

Telephone number

Occupation School / University Part-Time studies and working Working Other

Marital status Single Married Living together Divorced

What is the financial position of the child?

Is the child in the custody of the parent? Yes No

If No, who is caring for the child? Guardian Caregiver Other

If other, specify

Details of person caring for the child

Name

Date of birth ID / Passport number

Passport country of origin

Address
 Postal code

Telephone number

Is this person employed? Yes No If Yes, what is their monthly remuneration? R

Is this person capable of managing their own financial affairs? Yes No

If No, why not?

Has a Trust been set up for the child? Yes No

If yes, please attach the trust deed and provide details

3. Full name

Date of birth

RSA ID Yes No ID / Passport number

Passport country of origin

Residential address of child
 Postal code

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Section 5: Details of children (continued)

Telephone number

Occupation School / University Part-Time studies and working Working Other

Marital status Single Married Living together Divorced

What is the financial position of the child?

Is the child in the custody of the parent? Yes No

If No, who is caring for the child? Guardian Caregiver Other

If other, specify

Details of person caring for the child

Name

Date of birth DD - MM - YYYY ID / Passport number

Passport country of origin

Address

Postal code

Telephone number

Is this person employed? Yes No If Yes, what is their monthly remuneration? R

Is this person capable of managing their own financial affairs? Yes No

If No, why not?

Has a Trust been set up for the child? Yes No

If yes, please attach the trust deed and provide details

4. Full name

Date of birth DD - MM - YYYY

RSA ID Yes No ID / Passport number

Passport country of origin

Residential address of child

Postal code

Telephone number

Occupation School / University Part-Time studies and working Working Other

Marital status Single Married Living together Divorced

What is the financial position of the child?

Is the child in the custody of the parent? Yes No

If No, who is caring for the child? Guardian Caregiver Other

If other, specify

Details of person caring for the child

Name

Date of birth DD - MM - YYYY ID / Passport number

Passport country of origin

Address

Postal code

Telephone number

Is this person employed? Yes No If Yes, what is their monthly remuneration? R

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Section 5: Details of children (continued)

Is this person capable of managing their own financial affairs?

Yes No

If No, why not?

Has a Trust been set up for the child?

Yes No

If yes, please attach the trust deed and provide details

Section 6: Other financial dependants (people whom the deceased member supported financially on a regular basis – eg mother, father, grandmother, grandfather, sibling, uncle, etc)

If there are more than three financial dependants, please provide details of the other financial dependants on a separate page.

1. Full name

Details of person caring for the child

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

Relationship to deceased

What was the extent of the person's dependency on the deceased member (monthly maintenance and the present financial position)?

Residential address

Is this person capable of managing their own financial affairs?

Yes No

Postal Code

Telephone

Has a Trust been set up for the child?

Please indicate type of accommodation in which the person resides:

Owned

Rented

Living with parents

No

If rented/owned, please give details of rent/bond payments

R

Is the person employed?

Yes No

If Yes, what is their monthly remuneration? R

Is the person capable of managing their own financial affairs?

Yes No

If No, why not?

2. Full name

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

Relationship to deceased

What was the extent of the person's dependency on the deceased member (monthly maintenance and the present financial position)?

Residential address

Section 6: Details of children (continued)

Postal Code

What is the financial position of the child?

Please indicate type of accommodation in which the person resides:

Owned

Rented

Living with parents

No

If rented/owned, please give details of rent/bond payments

R

Is the person employed?

Yes No

If Yes, what is their monthly remuneration? R

Details of person caring for the child

Is the person capable of managing their own financial affairs?

Yes No

If No, why not?

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Section 6: Other financial dependants (people whom the deceased member supported financially on a regular basis – eg mother, father, grandmother, grandfather, sibling, uncle, etc) **Continued**

If there are more than three financial dependants, please provide details of the other financial dependants on a separate page.

3. Full name

Date of birth

D	D
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M	M
---	---

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Y	Y	Y	Y
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RSA ID Yes No ID/Passport number

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Passport country of origin

Relationship to deceased

What was the extent of the person's dependency on the deceased member (monthly maintenance and the present financial position)?

Residential address

Postal Code

Telephone

Please indicate type of accommodation in which the person resides: Owned Rented Living with parents

If rented/owned, please give details of rent/bond payments R

Is the person employed? Yes No If Yes, what is their monthly remuneration? R

Is the person capable of managing their own financial affairs? Yes No

If No, why not?

Date of birth

D	D
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M	M
---	---

 -

Y	Y	Y	Y
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 ID / Passport number

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Passport country of origin

Address

Postal code

Telephone number

Is this person employed? Yes No If Yes, what is their monthly remuneration? R

Is this person capable of managing their own financial affairs? Yes No

If No, why not?

Has a Trust been set up for the child? Yes No

If yes, please attach the trust deed and provide details

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Section 10: Banking details of beneficiaries

1. Beneficiary

Account holder

Bank name

Branch name

Branch code - -

Account type Current Transmission Savings

Account number

2. Beneficiary

Account holder

Bank name

Branch name

Branch code - -

Account type Current Transmission Savings

Account number

3. Beneficiary

Account holder

Bank name

Branch name

Branch code - -

Account type Current Transmission Savings

Account number

4. Beneficiary

Account holder

Bank name

Branch name

Branch code - -

Account type Current Transmission Savings

Account number

5. Beneficiary

Account holder

Bank name

Branch name

Branch code - -

Account type Current Transmission Savings

Account number

6. Beneficiary

Account holder

Bank name

Branch name

Branch code - -

Account type Current Transmission Savings

Account number

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Section 11: Declaration

I full names

hereby declare that:

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

Name and Surname

Designation

Claimant's signature	<input type="text"/>	Date <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - 2 0 <input type="text"/> <input type="text"/>
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If you have any questions please send an email to fawpreservationfund@momentum.co.za or phone our client contact centre on 0860 65 75 85

Completed form to be faxed to 012 675 3970 or emailed to fawpreservationfund@momentum.co.za.

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 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.