

Momentum Corporate Preservation Funds Claim form for funeral cover

Member number

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Please attach the following documents:

- Copy of the death certificate.
- Copy of the deceased's ID (If you have an identity card, please submit a copy of the front and back of the card) / birth certificate.
- Copy of BI 1663 (obtainable from the doctor who certified the death).
- Copy of the claimant's ID (If you have an identity card, please submit a copy of the front and back of the card) / birth certificate.

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.
- All supporting documentation must be submitted together with this form in order for the claim to be paid within 48 hours of receipt.
- Momentum reserves the right to request further documentation/proof before finalising this claim

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

Section 1: Deceased member's details

Title Initial/s First name

Surname

Date of birth - -

RSA ID Yes No Identity / Passport number

Passport country of origin

Section 2: Claimant's details

Title Initial/s First name

Surname

Date of birth - -

RSA ID Yes No Identity / Passport number

Passport country of origin

Postal address

Residential address

Telephone - work Fax

Telephone - home Cell phone

Email address

Tax number Tax Office

Section 3: Payment details

Name of account holder

Name of financial institution

Account type Current Transmission Savings

Account number

Branch name Branch code - -

Note: Payment by electronic transfer will be made to the claimant's bank account. Please make sure that the details shown above are accurate.

Section 4: Next of kin to the deceased member, other than the claimant

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"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>									
RSA ID	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Identity / Passport number			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Passport country of origin	<input type="text"/>																		
Relationship to member	<input type="text"/>																		
Residential address	<input type="text"/>																		
	<input type="text"/>																		
	<input type="text"/>																		
	<input type="text"/>																		
Telephone - work	<input type="text"/>												Fax	<input type="text"/>					
Telephone - home	<input type="text"/>												Cell phone	<input type="text"/>					
Email address	<input type="text"/>																		

Section 5: Declaration by the claimant

I full names

declare that:

- all particulars furnished in this form are true and correct; and
- I have made every effort to comply with the requirements stated in this document.

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.](#)

Name and Surname	<input type="text"/>
Designation	<input type="text"/>

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"/>	<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.