

Group Insurance installation

Complete where applicable using block letters or tick

A. Employer details

Employer's registered name

Employer's registered street address

Postal code

Employer registration number

Employer telephone number

Please attach a copy of the employer's letterhead or company registration certificate

B. Intermediary details

Intermediary title Initials

Name of intermediary

Surname of intermediary

Broker code

Broker house code

Brokerage house name

Surname of intermediary

Brokerage postal address

Postal code

Brokerage telephone number

Brokerage email address

C. Momentum Corporate consultant

Name of consultant

D. Routing of correspondence and contact person for queries

All matters

Address to:			
Employer		Broker	

Send to:			
Employer		Broker	

Remarks – other (specify)

Contact person

Title	<input type="text"/>	Initials	<input type="text"/>
First name(s)	<input type="text"/>		
Surname	<input type="text"/>		
Email address	<input type="text"/>		
Postal address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>	Postal code	<input type="text"/>
Telephone number	<input type="text"/>		

E. General scheme information

Accepted quote reference number	<input type="text"/>
Accepted quote basis no. (if applicable)	<input type="text"/>
Accepted quote date	<input type="text"/> D <input type="text"/> D - <input type="text"/> M <input type="text"/> M - <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
Scheme renewal month	<input type="text"/>
Existing scheme number (if applicable)	<input type="text"/>
Death benefit contract type	Unapproved <input type="checkbox"/> Approved <input type="checkbox"/>
Were the benefits previously insured?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If yes, please complete the table below:

Benefit	Name of previous insurer	Date of discontinuance with previous insurer	Previous policy no.	Previous automatic acceptance limit (free cover limit)

Please attach letters specifying members' previous accepted covers.

F. Details for approved benefits (if applicable)

Full name of retirement fund	<input type="text"/>		
Postal address	<input type="text"/>		
Registered address of retirement fund	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>	Postal code	<input type="text"/>
FSCA registration number	<input type="text"/>		
Copy of the rules of the retirement fund enclosed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Fund banking details

Account name	<input type="text"/>		
Account number	<input type="text"/>		
Name of bank	<input type="text"/>		
Branch name	<input type="text"/>	Branch code	<input type="text"/>
Account type	Current/Cheque <input type="checkbox"/>	Savings <input type="checkbox"/>	Transmission <input type="checkbox"/>

G. Eligibility

Please specify eligibility criteria:

All full time permanent employees who have not reached normal retirement age (NRA)

Yes

No

Is membership linked to a fund/union/medical scheme?

Yes

No

Limited to members of the retirement fund(s)

Yes

No

If yes, specify details (e.g. only members of ABC pension fund)

Are any categories of employees excluded?

Yes

No

If yes, specify details (e.g. excluding executives/pension fund members)

Other eligibility requirements

Yes

No

If yes, please specify details (e.g. on completion of 3 months' service)

Existing disability claimants to be covered?

Yes

No

If yes, please attach the membership details (name, date of birth, date of disability, benefit at date of disability, current benefit).

Do any contracts have voluntary membership?

Yes

No

If yes, please specify details

H. Salary and premium information

Salary definition (please choose one)

Pensionable	<input type="checkbox"/>
Cost to company	<input type="checkbox"/>
Basic only: excluding bonuses, overtime, etc	<input type="checkbox"/>
Non standard: including bonuses, overtime, etc	<input type="checkbox"/>

Commission earners included (average of last 12 months' earnings)

Please specify any details

Premium payment frequency - if not monthly in arrears, please specify

Premium payment method

Debit order

EFT

I. Commission basis

Commission payable?

Yes, current legislation with additional first year commission

Yes, current legislation without additional first year commission

Yes, other (please specify)

No

If yes, what is the payment frequency

Annually

Monthly

J. Income disability related information

Benefit escalations apply:

At renewal date

At anniversary of commencement of payment

Not required

K. Financial Intelligence Centre Amendment Act (FICAA)

The FICAA requires Momentum to identify and verify all clients with whom we conduct business. This identification process requires information of the legal entities and all individuals that are a beneficial owner, that is they have more than 25% ownership or decision-making ability. A beneficial owner is a natural person who ultimately owns and uses legal structures like companies / trusts.

Does any shareholder, legal entity, person or member own more than 25% of the issued share capital or interest in the company? Yes No

Is any person within the management structure a prominent influential person (PIP) or a known close associate of a PIP? Yes No

A prominent influential person is an individual who holds, including in an acting position for a period exceeding six months, or has held at any time in the preceding 12 months, a list of positions such as:

- A prominent public function; president, minister, premier etc.
- A top position in a company which provides goods and / or services to an organ of state.
- Heads of international organisations.
- A person who holds the position of head, or other executive directly accountable to that head, of an international organisation based in SouthAfrica.

If you ticked yes in any of the blocks, please provide the personal information of each person in the table below. If the company structure is complex, please include a company organogram.

	Person 1	Person 2	Person 3	Person 4
Designation or relationship to company				
Name				
Surname				
Date of birth				
ID number or passport number if not South African				
Passport country of origin				
Residential address				
Cellphone number				
Email address				
Details related to beneficial owner or PIP				

	Person 5	Person 6	Person 7	Person 8
Designation or relationship to company				
Name				
Surname				
Date of birth				
ID number or passport number if not South African				
Passport country of origin				
Residential address				
Cellphone number				
Email address				
Details related to beneficial owner or PIP				

It is employer's responsibility to notify Momentum if there are any changes to the management structure that would have an effect on questions 1 and 2 above. The employer's continued relationship with Momentum is dependent on us being able to identify them and all parties that have an influence on the direction of the company.

To be signed by the managing director or financial director of the employer, or the representative authorised to sign documents on their behalf.

Title First name

Surname

Designation / capacity

Signature

- -

Date

L. Signature

I, the undersigned, declare that the information provided is true and correct and I agree that non-disclosure or misrepresentation of information could result in the policy being declared null and void

<input type="text"/>	<input type="text"/>
Signature of intermediary	Signature of Momentum Corporate consultant representative
<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"/> <input type="text"/> <input type="text"/>
Date	Date
<input type="text"/>	<input type="text"/>
Name	Name

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 to your Momentum Consultant.
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.