

# FundsAtWork Insurance only - acceptance of quotation and installation document

## Section A: Details

Name of employer on quote	<input type="text"/>		
Name of payroll provider	<input type="text"/>		
Quote number	<input type="text"/>	Date of issue	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Benefit structure number	<input type="text"/>	Expiry 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"/>
Version number	<input type="text"/>		

Please submit this form to [FAWInstallations@momentum.co.za](mailto:FAWInstallations@momentum.co.za) before the scheme start date, together with a copy of the accepted quote, company registration certificate, member data in Excel format, and proof of bank account.

If the data provided at installation or first reconciliation, differs from the data provided to prepare the accepted quote by 25% or more, Momentum Corporate will do a re-costing and inform the employer accordingly. In this case the revised quote may contain different costs and the employer will be required to sign the new quote.

## Section B: Employer details and scheme start date

Scheme start 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"/>		
Registered name of employer	<input type="text"/>		
Company registration number	<input type="text"/>		
Physical address	<input type="text"/>		
	<input type="text"/>	Postal code	<input type="text"/>
Postal address	<input type="text"/>		
	<input type="text"/>	Postal code	<input type="text"/>

## Section C: Member and employer communication

All member communication, including the welcome packs, will be sent to the members directly if we have a valid email address or cellphone number on record for them. The employer portal user will have access to all communication and can redistribute it to the members. We will send all other communication for example policy documents, to the employer or the financial adviser appointed to the scheme.

Please indicate if you would prefer the employer communication to be sent to the: Employer  Financial adviser appointed to the scheme

Name of contact person	<input type="text"/>		
Cellphone number	<input type="text"/>		
Email address	<input type="text"/>		
Physical address	<input type="text"/>		
	<input type="text"/>	Postal code	<input type="text"/>

## Section D: Contact details for confirmation email and 1st extract

After the scheme is installed, please provide the contact details of the person who will receive the confirmation email including the reconciliation extract.

Title	<input type="text"/>	Initials	<input type="text"/>
First name	<input type="text"/>		
Surname	<input type="text"/>		
Email address	<input type="text"/>		
Cellphone number	<input type="text"/>	Work number	<input type="text"/>
<b>Signature</b>	<input type="text"/>		Date signed <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

## Section E: Authorised person and employer portal super-user

The person stated below is authorised to receive documents and information from Momentum Corporate and provide documents and information to Momentum Corporate on behalf of the employer, that are necessary to administer the scheme. This person is also authorised as a super-user for the employer portal, which means that they will be required to notify Momentum Corporate if there are any changes to the level of access required for employer portal users, if new users must be added or any users must be removed.

Before selecting the person below, please ensure that you have read, understood and accept all the conditions of the booklet titled "Your quote in detail" as it applies to your proposed scheme, including those applicable for usage of the employer portal.

### Super-user

Title	<input type="text"/>	First name	<input type="text"/>
Surname	<input type="text"/>		
ID number or passport number if not South African	<input type="text"/>		
Passport country of origin	<input type="text"/>		
Email address	<input type="text"/>		
Cellphone number	<input type="text"/>	Work number	<input type="text"/>
Is employer portal training required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Are you an existing employer portal user?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Existing user ID for employer portal	<input type="text"/>		

The super-user is required to complete the form titled MEB085-Employer portal authorisation form that is available under Claims and other forms on [www.momentum.co.za/fundsatwork](http://www.momentum.co.za/fundsatwork) or use the facility available on the employer portal to assign access to additional employer portal users. This includes authorisation of additional users to either view or change information, load claims and confirm the premiums for each month, and/or to assign a 2nd authoriser for the purpose of claim submissions and payment of the premiums.

### Additional employer portal independent users

This section must only be completed if the super-user wants to assign access to an independent person who is not a member of the scheme or the financial adviser appointed to the scheme.

	Employer portal user 1		Employer portal user 2		Employer portal user 3		Employer portal user 4	
Title								
First name								
Surname								
Date of birth								
ID/passport number								
Country of origin								
Email address								
Work phone number								
Cellphone number								
Are you an existing employer portal user?	Yes <input type="checkbox"/>	No <input type="checkbox"/>						
Is employer portal training required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>						
Existing user ID for employer portal								
Pay point the user must have access to								

Level of access required  Each user must be assigned one role only, but they may have access to more than one pay point	View & change <input type="checkbox"/>			
	View only <input type="checkbox"/>			
	or	or	or	or
	2nd authoriser for claims <input type="checkbox"/>			
	2nd authoriser for premiums <input type="checkbox"/>			

## Section F: Take-over of existing insurance cover

Complete this section if existing insurance cover is being taken over from another underwriter

Name of previous fund/scheme

Underwriter of insurance benefits

Please attach confirmation of the previous underwriter's decision letter per member, showing the accepted covers, including any terms and conditions. If you do not attach the letter(s) at installation stage then we will apply the automatic acceptance limit shown in the quote.

Are there any members receiving income disability benefits? Yes  No

If yes, please supply the names of these members on the installation data template, indicating that they are disability claimants in the column "Income disability claimant".

## Section G: Insurance premium deductions

Momentum Corporate is authorised to collect the monthly insurance premiums after they have been confirmed, from the following bank account.

Account name

Account number

Name of bank

Branch name  Branch code

Account type  Current/cheque  Savings  Transmission

Include a bank statement not older than 3 months Yes  No

An email will be sent monthly on the reminder date requesting updated member data for the premium reconciliation. Further reminders are sent from 5 days before the preferred deduction day. Deductions may be done on any pre-defined day during the period from the 15th of the month to the 5th of the next month, monthly in arrears.

Reminder date and preferred deduction day: Reminder date  -  -  Preferred deduction day

## Section H: Financial adviser appointment and commission

The following broker house and financial adviser is appointed to the scheme from the scheme start date stated above and is authorised to receive the commission as per the accepted quote.

Financial adviser name  Broker code

Broker house name  Broker house code

Email address

Cellphone number

Financial adviser's signature  Date signed

Momentum Corporate Specialist name

Sales team/financial adviser channel

## Section I: Financial Intelligence Amendment Act (FICA)

The FICA requires Momentum Corporate 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 ie, 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

I confirm that one or some of the representatives, senior managers responsible for oversight and management or executive management of this legal entity are a:

1. politically exposed person. Yes  No
2. prominent influential person (locally or international). Yes  No
3. a close associate or family member of either of the persons mentioned above. Yes  No

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/passport number				
Passport country of origin				
Residential address				
Cellphone number				
Email address				
Registered name of company				
Date the company was incorporated				
Company registration number				
Registered address of company				
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/passport number				
Passport country of origin				
Residential address				
Cellphone number				
Email address				
Registered name of company				
Date the company was incorporated				
Company registration number				
Registered address of company				
Details related to beneficial owner or PIP				

What is the source of income that will be used to fund the contributions and/or premiums?

It is the employer's responsibility to notify Momentum Corporate 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 Corporate is dependent on us being able to identify all parties that have an influence on the direction of the company.

Title  First name

Surname

Designation/capacity

Signature

Date signed   -   -

## Section J: Long-term Insurance Act: Policyholder Protection Rules - replacement record

If any of the following occurs, please complete this page as this is considered a replacement:

- a. The policyholder for the replacement insurance benefits is the same as the policyholder under the replaced benefits;
- b. The lives insured under the replaced insurance benefits are substantially the same as the lives insured under the replaced benefits; and
- c. The existing insurance benefits replaced with one insurer are substantially the same as those bought from another insurer.

Does this installation for insurance benefits replace existing benefits? Yes  No

	Replaced benefits	New benefits
Product name		
Scheme/fund		
Provider name		Momentum Corporate

### Reasons and suitability for the replacement

Why is the new solution more suited to the client's financial needs than the existing solution?

Could the solution being replaced have been changed to better meet the client's financial needs? Yes  No

If the solution being replaced could have been changed, why was this not done?

Is the new solution more suited to the client's needs than the solution being replaced? Yes  No

Why is the new solution more suited to the client's needs than the solution being replaced?

### Please only complete the items which apply to you

	Replaced benefits	New benefits
Amount of death benefit(s)		
Type of disability benefit(s)		
Amount of disability benefit(s)		
Type of critical illness benefit		
Employee Assistance Programme		Provides members and their families with confidential support 24/7/365 during traumatic life events. It includes counselling, legal, financial, emotional and physical wellbeing services, debt assistance and credit health/ checks.
Other, please specify		
<b>Exclusions and restrictions</b>		
Underwriting exclusions or loadings		
Standard death benefit exclusions		

Standard disability benefit exclusions		
Standard critical illness exclusions		
Waiting periods per benefit		
Termination charges		N/A
Other, please specify		
<b>Fees and other expenses</b>		
Lump sum death benefit		
Children's education benefit		
Spouse's lump sum death benefit		
Spouse's and children's pension benefit		
Lump sum accidental death benefit		
Funeral benefit		
Lump sum disability benefit		
Income disability benefit		
Temporary income disability benefit		
Critical illness benefit		
Other, please specify		
Contractual premium increases		
Premium guarantee period		
Date of next rate review		
<b>Tax implications</b>		
Death benefit(s) premiums		
Disability benefit(s) premiums		
Critical illness benefit premiums		
Death benefit(s) proceeds		
Disability benefit(s) proceeds		
Critical illness benefit proceeds		
Any other premiums		
<b>Financial adviser remuneration</b>		
Commission (incl. VAT)		
First year commission (incl. VAT)		
Any other remuneration earned		

## Section K: Authorised person declaration and consent for the collection and disclosure of personal information

I, the undersigned declare that:

1. I have read, understood and accept all the conditions of the booklet titled "Your quote in detail" as it applies to your scheme and that you have been fully appraised under the disclosure in terms of the Financial Advisory and Intermediary Services Act (the FAIS Act);
2. the employees have been informed in writing of the eligibility requirements, premiums that will be paid and the benefits that will be provided according to this quote acceptance and installation document and the accompanying "Your quote in detail" booklet and that if members are joining from another insurance scheme they have been informed of the impact of the transfer;
3. all eligible employees will become members of the insurance scheme;
4. the employees have individually consented to the disclosure of their personal and special personal information as defined in the Protection of Personal Information Act (POPIA) to Momentum Corporate and their service providers. The employees have also been informed of the type of personal and where applicable, special personal information that will be disclosed, the purpose of the disclosure and their rights and obligations in terms of POPIA;
5. that I have the authority to sign this document as the employer and a resolution to that effect will be made available to Momentum Corporate, on request.

Policy documents will be prepared based on this quote acceptance.

Title	<input type="text"/>	First name	<input type="text"/>
Surname	<input type="text"/>		
Email address	<input type="text"/>		
Cellphone number	<input type="text"/>	Work number	<input type="text"/>
Designation/capacity	<input type="text"/>		
Signature	<input type="text"/>	Date signed	<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"/>

**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 [FAWInstallations@momentum.co.za](mailto:FAWInstallations@momentum.co.za).
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'.
  - Select 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.