momentum

corporate

FundsAtWork Umbrella Funds

Additional information to be provided by the sales consultant on installation of a scheme

| Section 1: Quote details | | | | | | | | |
|--|--|--------------------|---|---------------------------|----------|-----|--|--|
| Name of employer on quote | | | | | | | | |
| Quote number | | | Date of issue | of quote | / M - Y | YYY | | |
| Benefit structure number | | | Expiry date of quote DD - MM - YYYY | | | | | |
| Version number | | | | | | | | |
| Section 2: Checklist | | | | | | | | |
| The following additional information, | documents and forms must be submi | tted with the acco | eptance of quota | ation and installation do | ocument. | | | |
| Please indicate if each item is attach | ed. | | | | | | | |
| Company letterhead | | | Attached | To follow | N/A | | | |
| Employer portal authorisation form | | | Attached | To follow | N/A | | | |
| Advisory body form (Umbrella Funds | only) | | Attached | To follow | N/A | | | |
| Financial adviser (key individual) accreditation from FSCA website | | | Attached | To follow | N/A | | | |
| Member data in MS Office Excel forn | | Attached | To follow | N/A | | | | |
| Previously accepted cover from prev | | Attached | To follow | N/A | | | | |
| FundsAtWork Umbrella Funds choice | tallation form | Attached | To follow | N/A | | | | |
| Section 3: Financial advis | er information | | | | | | | |
| Financial adviser name | | | | Broker code | | | | |
| Broker house name | | | | Broker house code | | | | |
| Is the financial adviser accredited to | advise on this product?* | Yes | No | FSP number | | | | |
| * Attach a copy of the financial advise | er (key individual) accreditation from t | he FSCA website | e in terms of cate | egories 1.3 and 1.7. | | | | |
| Must the financial adviser be registered on the FundsAtWork website? | | | No, the financial adviser is already registered | | | | | |
| Is the financial adviser's Momentum contract in service?** Yes | | | No | | | | | |
| **The new scheme may not be linked | d to a financial adviser who is out of s | ervice. | | | | | | |
| Reference number (for ABSA and FN | IB financial advisers) | | | | | | | |
| Contact person | | | | | | | | |
| Title | First name | | | | | | | |
| Surname | | | | | | | | |
| Work number | | | | Fax | | | | |
| Cellphone number | | | | | | | | |
| Email address | | | | | | | | |

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Section 4: Treating Customers Fairly (TCF)

Momentum Corporate must ensure that all financial advisers providing information and advice relating to the FundsAtWork solutions have been provided with appropriate training on the product. Training can include, going through the product presentation, one-on-one product training, attending product workshops, etc.

| Has the financial adviser been trained on the Fur | ndsAtWork sol | utions? | Yes | | No | | | |
|--|---------------|----------|--------|----------|-----------|---------|----------------------|-----------------------|
| Name of person who conducted or will conduct the | ne training | | | | | | | |
| | | | | | | | | |
| Signature | | | | | | Date | D D _ M | M - 2 0 Y |
| | | | | | | | | |
| Section 5: Member education (onl | y for the | FundsAt | Work l | Jmbre | lla Fun | ds) | | |
| In terms of section 7D of the Pension Funds Act, members to inform them of their rights, benefits a | | | | | | and app | propriate informatio | n is supplied to fund |
| Member education has been/will be provided by | the: E | Employer | | Financia | l adviser | | Sales consultant | |
| The presentation to the members must include Benefit structure Flexibility and choices available to the mem Explanation of the benefit statement The importance of preserving their benefits | bers | | | | | | | |
| Section 6: Sales consultant inform | nation | | | | | | | |
| Momentum Corporate specialist | | | | | | | | |
| Name | | | | | | | | |
| Surname | | | | | | | | |
| Sales team/financial adviser channel | | | | | | | | |
| MDS business consultant Name | | | | | | | | |
| Surname | | | | | | | | |
| Business consultant code | | | | | | | | |
| MDS branch | | | | | | | | |
| MDS branch code | | | | | | | | |
| Business/practice consultant - production credits | | % | | | | | | |
| Signature of Momentum Corporate specialist | | | | | | Date | D D _ M | M - 2 0 Y |
| Signature of business/ practice consultant | | | | | | Date | D D _ M | M - 2 0 Y |

Section 7: New scheme installation member data requirements

To ensure that your scheme is installed smoothly, please submit the following member data with the installation documentation.

The minimum information required at installation of a new scheme is specified in the first two columns. Additional information required for smooth processing of transactions is specified in the third column.

All Umbrella Fund members will be issued with a welcome SMS and email, as well as a new member welcome pack and website registration details. This will enable them to log onto our secure website and update their personal and contact information online, subscribe to communication events, as well as access certain information and transactional tools that are made available depending on the benefit structure of the scheme.

Members with a valid cellphone number or email address will also be sent login details for Hello Doctor.

To ensure your employees get the maximum benefit from the scheme, please ensure that we are provided with each person's cellphone number and email address.

*Fields marked with an asterisk are mandatory.

| | Minimum information required at installation | | Additional information required for transactional purposes | | |
|-------------------------------------|--|---|--|--|--|
| | Insurance only schemes | FundsAtWork Umbrella Funds | | | |
| Personal information | *Title *Initial *First name *Surname *ID number *Passport number and country of origin (if South African ID is not available) *Date of birth (yyyy-mm-dd) *Gender *Marital status if you have chosen the spouse's death benefit and/or the spouse's and children's pension benefit *Spouse's details (initials, surname, date of birth) if you have chosen the spouse's death benefit and/or the spouse's death benefit and/or the spouse's and children's pension benefit | *Title *Initial *First name *Surname *ID number *Passport number and country of origin (if South African ID is not available) *Date of birth (yyyy-mm-dd) *Gender *Income tax number *Physical address *Marital status if you have chosen the spouse's death benefit and/or the spouse's and children's pension benefit *Spouse's details (initials, surname, date of birth) if you have chosen the spouse's death benefit and/or the spouse's death benefit and/or the spouse's death benefit and/or the spouse's and children's pension benefit | Number of dependants Staff number Date employed 'ID number Occupation (only required if it is linked to a category classification) | | |
| Scheme and occupational information | , | *Annual pensionable salary *Annual insurance salary *Package salary (total cost to company) *Pay point name (if more than one pay point) *Category of membership (as per quote) *Product option (as per quote) | Package salary (total cost to company) | | |
| Contact information | *Cellphone number | *Cellphone number | Email address | | |

Section 8: Notes on installation requirements

Registration certificate

Can be obtained from www.CIPC.co.za - Click on "Additional Services" and then insert the name of the company to search.

Letterhead

Required before the first recon is processed.

The letterhead should clearly indicate the registered name of the business, the registration number, registered address and the names of the MD, FD and other directors. If this information is not clearly stated or if the letterhead is not provided, the sales consultant must please ensure that it's completed in full on page 1 of the installation document.

ERP super-user

The ERP Authorisation Form is only required for additional users, over and above the super-user. The super-user will be able to assign access to additional users on the employer portal.

Advisory body - does not apply to insurance only schemes

The minimum number of advisory body members is two people, one employer representative and one member representative.

Delivery details

If no selection is made, by default all member communication will be emailed to members with valid email addresses and all other communication will be sent to the employer.

Contribution collection date, also referred to as debit order date or payment date

If the employer does not make a selection, the default is the 1st.

Recon reminder date

If the employer does not make a selection, the default is the 20th.

Product option and investment portfolio - does not apply for insurance only schemes

If no selection is made the default product option for all members of the scheme will be the product option stated on the quote.

For all options other than Core, if an investment portfolio is not selected, Momentum will not continue with the installation process until a selection is made

There is no choice available for FundsAtWork Core. For Core, all members will be invested in Momentum Passive Lifestages.

FundsAtWork Umbrella Funds - Choice of default investment portfolio at installation

The FundsAtWork Umbrella Pension and Provident Funds offer three options from which the employer must select a default portfolio. The employer must complete the form MEB018.

Financial adviser accreditation

The financial adviser must be accredited for FAIS categories 1.3 and 1.7 to be able to give advice for the insurance products and/or pension fund benefits. We will not link a financial adviser to a scheme if they are not appropriately accredited. A copy of the FSP accreditation as well as the financial adviser accreditation must be submitted with the installation. We will not be able to pay commission until the supporting FAIS documentation is submitted.

Member data

Where a portion of an existing FundsAtWork scheme is breaking away to be installed under a separate group code, the existing member Person Numbers must be supplied with the installation data for the new scheme.

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 FAWInstallations@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.