

Beneficiary form

Policy/Benefit/Contract number																				
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We recommend that you contact your personal financial adviser before making any changes to your portfolio.

Requirements

- 1. This form is electronically fillable. If you do however fill it in by hand, please do it in black ink and in block capital letters. This form must be signed by the policyholder/investment owner/member and co-signed by the spouse if married in community of property on or after 01/11/1984.
- 2. Clear copy of identity document (identity document, passport or both sides of card driver's license) for the policyholder/investment owner/member.
- 3. Proof of your residential address if it is new or different to what we have on our records, or if it has not been updated within the last 24 months. This is required in compliance with the Financial Intelligence Centre Act (FICA). If it is not attached to this instruction, or if we require more details, we may ask for additional information or documentation.
- 4. If the policyholder/investment owner is a trust, please attach copies of the following:
 - The trust deed,
 - A current and valid letter of appointment issued by the Master of the High Court, setting out who has been appointed as trustees, and
 - A resolution signed by the designated trustees, authorising certain trustees to act on behalf of the trust (only necessary where not all the trustees will be signing documents).

Important:

- Please fill in a separate form for each policy, benefit or contract number.
- The rights of a nominated beneficiary is impacted by the rights of a cessionary. Momentum will determine the rights of a beneficiary in accordance with the provisions of the policy contract.
- If the percentage of all the beneficiary nominations does not add up to 100%, Momentum will pay the balance of the death value to:
 - the estate of the insured life, if the policyholder and insured life were the same natural person; OR
 - the policyholder, if the policyholder and insured life are not the same natural persons; OR
 - the policyholder, if the policyholder is a legal entity.
- The policyholder/investment owner/member may add or remove beneficiaries at any time during the term of the policy/contract/benefit by notifying Momentum in writing, provided Momentum receives such notification prior to the death of the insured life or prior to the happening of the claim event.
- The nominated beneficiary will only become entitled to any policy benefits on condition that the beneficiary survives the insured life/lives.
- Where a Retirement Provider was chosen, the trustees of the Momentum Retirement Annuity Fund according to the Pension Funds Act have a duty to determine who dependants are and who can receive death benefits. When determining how to distribute the death benefits, they will consider all dependants and nominated beneficiaries. This means that the trustees have a discretion how to distribute the death benefit and the nominated beneficiary will not necessarily receive the benefits he/she has been nominated for.

Contact person for requirements

If we cannot reach this contact person or if this section is not filled in, we will contact the client.

Name																				
Contact number					Fax number															
Email address																				

Section 1: Policyholder/Investment owner/Member details

Title				Initials				Full names																
Surname/Name of legal entity																								
Previous surnames																								
Type of client	Natural person				Sole Proprietor				Company/Close Corporation															
	Partnership				Trust				Non-taxable institution															
Contact person if legal entity																								
Gender	Male				Female				What language do you prefer?				English				Afrikaans							
RSA identity/registration number									Date of birth				D D		-		M M		-		Y Y Y Y			
Passport number									Country of issue															
SARS tax reference number																								

Section 1: Policyholder/Investment owner/Member details (continued)

Postal address Postal code

Residential address Postal code

Telephone – work Fax

Telephone – home Cellphone

Email address

How must we communicate with you? Email Post

Section 2: Details of beneficiaries

Beneficiary number 0 1 Percentage , % Benefit number (only applicable to Myriad)

Title Initials Full names

Surname/Name of legal entity

Relationship to policyholder/investment owner/member

Gender Male Female Correspondence language English Afrikaans

Date of birth - -

Identity/Registration/Passport number (Compulsory) RSA ID Yes No

Beneficiary number 0 2 Percentage , % Benefit number (only applicable to Myriad)

Title Initials Full names

Surname/Name of legal entity

Relationship to policyholder/investment owner/member

Gender Male Female Correspondence language English Afrikaans

Date of birth - -

Identity/Registration/Passport number (Compulsory) RSA ID Yes No

Beneficiary number 0 3 Percentage , % Benefit number (only applicable to Myriad)

Title Initials Full names

Surname/Name of legal entity

Relationship to policyholder/investment owner/member

Gender Male Female Correspondence language English Afrikaans

Date of birth - -

Identity/Registration/Passport number (Compulsory) RSA ID Yes No

Beneficiary number 0 4 Percentage , % Benefit number (only applicable to Myriad)

Title Initials Full names

Surname/Name of legal entity

Relationship to policyholder/investment owner/member

Gender Male Female Correspondence language English Afrikaans

Date of birth - -

Identity/Registration/Passport number (Compulsory) RSA ID Yes No

Section 2: Details of beneficiaries (continued)

Beneficiary number 0 5 **Percentage** , % **Benefit number (only applicable to Myriad)**

Title **Initials** **Full names**

Surname/Name of legal entity

Relationship to policyholder/investment owner/member

Gender Male Female **Correspondence language** English Afrikaans

Date of birth - -

Identity/Registration/Passport number (Compulsory) **RSA ID** Yes No

Beneficiary number 0 6 **Percentage** , % **Benefit number (only applicable to Myriad)**

Title **Initials** **Full names**

Surname/Name of legal entity

Relationship to policyholder/investment owner/member

Gender Male Female **Correspondence language** English Afrikaans

Date of birth - -

Identity/Registration/Passport number (Compulsory) **RSA ID** Yes No

Section 3: Declaration

I/We warrant that:

1. I am/We are the legal owner/s of the policy/contract/benefit, and competent to deal with the policy/contract/benefit.
2. I/We have not transferred, ceded or pledged the policy/contract/benefit to anyone in any way.
3. I/We have the right to replace this/these beneficiary/ies with (an)other beneficiary/ies and must give written notice of such replacement to Momentum, a division of MMI Group Limited ("Momentum").
4. I/We agree that the nomination of a beneficiary forms part of and is subject to the declarations and documents under which Momentum issued the policy/contract/benefit.
5. I/We accept that the cession of the policy/contract/benefit will take precedence over the nomination of a beneficiary and I/we will familiarise myself/ourselves with the policy/contract/benefit terms if I/we consider ceding the policy/contract/benefit.
6. I/We revoke and cancel the nomination of the previous beneficiary/ies - if any.

Name and surname of authorised signatory

Capacity or designation of authorised signatory

If you are signing on behalf of a legal entity, you confirm that you are authorised to represent the legal entity.

Signed at **Date** - - 2 0

<input type="text"/> Signature of policyholder/investment owner/ member or duly authorised person signing on behalf of the policyholder/investment owner/ member where policyholder/investment owner/member is not a natural person <input type="text"/> Signature of spouse if married in community of property	<input type="text"/> Signature of policyholder/investment owner/ member or duly authorised person signing on behalf of the policyholder/investment owner/ member where policyholder/investment owner/member is not a natural person
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