

Beneficiary form

Policy/Contract number

Number of beneficiary forms for this policy/contract

This form is number

of

A beneficiary form is for indicating to us who must receive your investment, life cover or benefits when you pass away. We recommend that you speak to your financial adviser before making any changes to your financial portfolio.

Important

1. Please fill in a separate form for each policy or contract number.
2. We can't record a natural person as your beneficiary if we don't receive their name, surname and date of birth.
3. It is not compulsory to give the cell phone number and email address of the beneficiary, but it will simplify a future claim process.
4. If you want to record a legal entity as a beneficiary, we need the registration documents and valid proof of identity of the authorised signatories.
5. Legislation dictates that we must obtain certain documents to identify you. If we need any additional information we will ask you or your financial adviser.
6. Based on the information you give us, we may ask for additional information and documents. We will, if necessary, refer to the Financial Intelligence Centre Act (FICA) client due diligence checklists to let you know which documents we need.
7. The rights of a cessionary affects the rights of a nominated beneficiary. We will determine the rights of a beneficiary in line with the provisions of the policy/contract.
8. The nominated beneficiary will become entitled to any benefits only if the beneficiary survives the insured person(s).
9. Life policies and endowments:
If the percentage of all the beneficiary nominations doesn't add up to 100%, we will pay the balance of the death value to:
 - the estate of the insured person, if the policyholder/investment owner and insured person were the same natural person; or
 - the policyholder/investment owner, if the policyholder/investment owner and insured person are not the same natural persons; or
 - the policyholder/investment owner, if the policyholder/investment owner is a legal entity.
10. Retirement annuity:
 - If you die before you retire from the Momentum Retirement Annuity Fund, the trustees of the fund must pay your fund benefit to your beneficiaries (which include dependants and nominees) as set out in section 37C of the Pension Funds Act. The trustees must identify all your dependants and investigate their financial dependence on you.
 - They also have to consider persons who are not your dependants whom you have nominated as beneficiaries, and are referred to as nominees. Based on this information, they will decide how to distribute the benefit between your beneficiaries and how it will be paid.
 - To assist the trustees in this process, please include the details of everyone who is financially dependent on you and what percentage of your benefit you would like each of them to receive. You may choose to allocate 0% to a person.
 - You may not nominate your estate or any legal entity, and the percentage of all your nominations must add up to 100%.
11. We abide by confidentiality principles and the Protection of Personal Information Act. You voluntarily give us your consent to use your information for the purposes of processing this instruction and related transactions and to share it with our partners and contracted service providers who are legally bound to the same principles.

Contact person for requirements

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

NameCell phone number

+27(0)

Email address

1: Policyholder/Investment owner/fund member details

Surname/Name of entity

Title

Preferred name

Full names (as on RSA identity document/passport/driving licence)

Identity/Passport/Registration number

Date of birth

D

D

M

M

Y

Y

Y

Y

Cell phone number

+27(0)

Other

+27(0)

Email address

Language preference

English

Afrikaans

Physical address

Postal code

Postal address (if different)

Postal code

Policy/Contract number

5.

Benefit number (Myriad only)

Title	<input type="text"/>	Initials	<input type="text"/>
Full names	<input type="text"/>		
Surname/Name of legal entity	<input type="text"/>		
Relationship to policyholder/investment owner/fund member/insured person	<input type="text"/>		
Date of birth (compulsory if no ID number provided)	<input type="text"/>	Dependant	<input type="text"/>
Identity/Registration/Passport number	<input type="text"/>	RSA ID	<input type="text"/>
Cell phone number	<input type="text"/>	Percentage	<input type="text"/>
Email address	<input type="text"/>		

6.

Benefit number (Myriad only)

Title	<input type="text"/>	Initials	<input type="text"/>
Full names	<input type="text"/>		
Surname/Name of legal entity	<input type="text"/>		
Relationship to policyholder/investment owner/fund member/insured person	<input type="text"/>		
Date of birth (compulsory if no ID number provided)	<input type="text"/>	Dependant	<input type="text"/>
Identity/Registration/Passport number	<input type="text"/>	RSA ID	<input type="text"/>
Cell phone number	<input type="text"/>	Percentage	<input type="text"/>
Email address	<input type="text"/>		

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 it.
2. I/We have the right to replace this/these beneficiary(beneficiaries) with (an)other beneficiary(beneficiaries) and must give written notice of such replacement to Momentum, a part of Momentum Metropolitan Life Limited ("Momentum").
3. I/We agree that the nomination of a beneficiary forms part of and is subject to the declarations and documents under which you issued the policy/contract/benefit.
4. I/We accept that the cession of the policy/contract/benefit will take precedence over the nomination of a beneficiary and I/we will read the policy/contract/benefit terms if I/we consider ceding the policy/contract/benefit.
5. I/We revoke and cancel the nomination of the previous beneficiary(beneficiaries) if any.
6. I/We will keep the information of my/our beneficiary(beneficiaries) up to date.

Name and surname of authorised signatory	<input type="text"/>
Capacity/Designation of authorised signatory	<input type="text"/>
If I am signing on behalf of a natural person or legal entity, I confirm that I am authorised to represent the natural person or legal entity.	
Signed at	<input type="text"/>
Date	<input type="text"/>
Signature of policyholder/investment owner/fund member/duly authorised signatory	<input type="text"/>
Signature of policyholder/investment owner/fund member/duly authorised signatory (if more than one)	<input type="text"/>

Contact details

Client contact centre

Investo - ShareCall: 0860 664 321, Telephone: +27 (0)11 505 1800, Email: investo@momentum.co.za

Myriad - ShareCall: 0860 665 432, Telephone: +27 (0)11 505 1548, Email: myriad@momentum.co.za

Traditional - ShareCall: 0860 669 876, Telephone: +27 (0)11 505 1555, Email: client@momentum.co.za

Address: 268 West Avenue, Centurion, 0157 Postal: PO Box 7400, Centurion, 0046

Momentum Metropolitan Life Limited

Momentum is part of Momentum Metropolitan Life Limited, an authorised financial services and registered credit provider. Reg no 1904/002186/06

Refer to the company websites for directors and company secretary details momentum.co.za momentummetspolitan.co.za