

# Notification of death

## Important

1. If you have a copy of the death certificate and are the contact person or have details of the contact person, you can fill in this form.
2. You may not change any part of this form. When you correct any information you have completed, sign next to it.
3. We may ask for additional information or documents based on the information that you give in this form.

### 1: Your details

Title	<input type="text"/>	First name	<input type="text"/>										
Surname	<input type="text"/>												
Relationship to the deceased	<input type="text"/> Spouse		<input type="text"/> Closest relative		<input type="text"/> Other relative								
	<input type="text"/> Financial adviser		<input type="text"/> Appointed executor		<input type="text"/> Other								
Cell phone number	<input type="text"/> + 2 7 <input type="text"/>					Other		<input type="text"/> + 2 7 <input type="text"/>					
Email address	<input type="text"/>												

### 2: Notice of death

#### 2.1 Details of the deceased

Full name	<input type="text"/>														
Surname of the deceased	<input type="text"/>														
Identity number	<input type="text"/>														
Date of death	<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"/>	Cause of death if cause was unnatural	<input type="text"/>	
Marital status	<input type="text"/> Married		<input type="text"/> Living together		<input type="text"/> Separated										
	<input type="text"/> Divorced		<input type="text"/> Widowed		<input type="text"/> Single										
South African Revenue Service income tax number	<input type="text"/>														

#### 2.2 Details of known Momentum products

If you know of any Momentum products or investment numbers the deceased may have had, list these below: Include copies of any documents that are relevant to the information listed below.

Product	Investment number
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

#### 2.3 Details of the contact person

Are you also the person we must contact for information about the claim? Yes  No

If "no", we need the contact person's details below:

Title	<input type="text"/>	First name	<input type="text"/>										
Surname	<input type="text"/>												
Relationship to the deceased	<input type="text"/> Spouse		<input type="text"/> Family member		<input type="text"/> Financial adviser								
	<input type="text"/> Appointed executor		<input type="text"/> Employer		<input type="text"/> Other								
Cell phone number	<input type="text"/> + 2 7 <input type="text"/>					Other		<input type="text"/> + 2 7 <input type="text"/>					
Email address	<input type="text"/>												

**You only need to send us this page and a copy of the death certificate to [riskclaims@momentum.co.za](mailto:riskclaims@momentum.co.za).** We will communicate with the contact person about this claim.

If "yes", we need more information. Complete the rest of the form based on information that you have.



# Details of dependants

## Important

1. We will use this form to determine any financial dependants that the deceased may have had.
2. We will use the information in this form to determine how to pay out the benefits in an approved retirement fund as set out in the Pension Funds Act, 24 of 1956.
3. We need identification documents for each person's details that you complete below. Based on the information you give us, we may ask for additional documents.

## 1: Details of deceased

Title	<input type="text"/>	Full name	<input type="text"/>
Surname	<input type="text"/>		
Identity number	<input type="text"/>		

## 2: Details of possible dependants

### 2.1 Spouse details

A spouse is someone who is the permanent life partner, spouse or civil union partner of a member according to the Marriage Act, the Recognition of Customary Marriages Act, the Civil Union Act, or the principles of a religion.

We need proof of marital status or relationship to the deceased.

#### Current spouse

Title	<input type="text"/>	Full name	<input type="text"/>
Surname	<input type="text"/>		
Previous surnames	<input type="text"/>		
Identity number	<input type="text"/>		
Cell phone number	+ 2 7 <input type="text"/>	Other	+ 2 7 <input type="text"/>
Email address	<input type="text"/>		

#### Second spouse

Title	<input type="text"/>	Full name	<input type="text"/>
Surname	<input type="text"/>		
Previous surnames	<input type="text"/>		
Identity number	<input type="text"/>		
Cell phone number	+ 2 7 <input type="text"/>	Other	+ 2 7 <input type="text"/>
Email address	<input type="text"/>		

### 2.2 Previous spouses

Did the deceased maintain any ex-spouse at the time of death or had the deceased agreed to maintain any ex-spouse? Yes  No

If "yes" we need a copy of any court order or settlement agreement.

#### Ex-spouse

Title	<input type="text"/>	Full name	<input type="text"/>
Surname	<input type="text"/>		
Previous surnames	<input type="text"/>		
Identity number	<input type="text"/>		
Cell phone number	+ 2 7 <input type="text"/>	Other	+ 2 7 <input type="text"/>
Email address	<input type="text"/>		

## Second ex-spouse

Title	<input type="text"/>	Full name	<input type="text"/>
Surname	<input type="text"/>		
Previous surnames	<input type="text"/>		
Identity number	<input type="text"/>		
Cell phone number	+ 2 7 <input type="text"/>	Other	+ 2 7 <input type="text"/>
Email address	<input type="text"/>		

## 2.3 Details of children under 18

List all living children, including adopted children, children born out of wedlock and children born after the deceased's death.

We need a birth certificate, proof of maintenance, proof of education and any other proof of dependency.

Where there are more than five children, list the information of the other children on a separate page.

<b>1. Full name and surname</b>	<input type="text"/>	<b>Identity/Full birth certificate/Passport number</b>	<input type="text"/>
<b>Who is looking after the child? Name and surname</b>	<input type="text"/>	<b>Relationship to child</b>	<input type="text"/>
<b>Contact details</b>	<input type="text"/>		
<b>2. Full name and surname</b>	<input type="text"/>	<b>Identity/Full birth certificate/Passport number</b>	<input type="text"/>
<b>Who is looking after the child? Name and surname</b>	<input type="text"/>	<b>Relationship to child</b>	<input type="text"/>
<b>Contact details</b>	<input type="text"/>		
<b>3. Full name and surname</b>	<input type="text"/>	<b>Identity/Full birth certificate/Passport number</b>	<input type="text"/>
<b>Who is looking after the child? Name and surname</b>	<input type="text"/>	<b>Relationship to child</b>	<input type="text"/>
<b>Contact details</b>	<input type="text"/>		
<b>4. Full name and surname</b>	<input type="text"/>	<b>Identity/Full birth certificate/Passport number</b>	<input type="text"/>
<b>Who is looking after the child? Name and surname</b>	<input type="text"/>	<b>Relationship to child</b>	<input type="text"/>
<b>Contact details</b>	<input type="text"/>		
<b>5. Full name and surname</b>	<input type="text"/>	<b>Identity/Full birth certificate/Passport number</b>	<input type="text"/>
<b>Who is looking after the child? Name and surname</b>	<input type="text"/>	<b>Relationship to child</b>	<input type="text"/>
<b>Contact details</b>	<input type="text"/>		

## 2.4 Details of children over 18

List all living children, including adopted children and children born out of wedlock.

We need proof of education, proof of employment or any other proof of dependency.

Where there are more than five children, list the information of the other children on a separate page.

<b>1. Full name and surname</b>	<input type="text"/>	<b>Did the deceased maintain the child?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Identity/Full birth certificate/Passport number</b>	<input type="text"/>	<b>Child's contact details</b>	<input type="text"/>	
<b>2. Full name and surname</b>	<input type="text"/>	<b>Did the deceased maintain the child?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Identity/Full birth certificate/Passport number</b>	<input type="text"/>	<b>Child's contact details</b>	<input type="text"/>	

<b>3. Full name and surname</b> <input style="width: 95%; height: 20px;" type="text"/> <b>Identity/Full birth certificate/Passport number</b> <input style="width: 95%; height: 20px;" type="text"/>	<b>Did the deceased maintain the child?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Child's contact details</b> <input style="width: 95%; height: 20px;" type="text"/>	
<b>4. Full name and surname</b> <input style="width: 95%; height: 20px;" type="text"/> <b>Identity/Full birth certificate/Passport number</b> <input style="width: 95%; height: 20px;" type="text"/>	<b>Did the deceased maintain the child?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Child's contact details</b> <input style="width: 95%; height: 20px;" type="text"/>	
<b>5. Full name and surname</b> <input style="width: 95%; height: 20px;" type="text"/> <b>Identity/Full birth certificate/Passport number</b> <input style="width: 95%; height: 20px;" type="text"/>	<b>Did the deceased maintain the child?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Child's contact details</b> <input style="width: 95%; height: 20px;" type="text"/>	

### 2.5 Details of other financial dependants

List all persons not already listed who were financially dependent on the deceased. We need proof of financial dependency.

<b>1. Full name and surname</b> <input style="width: 95%; height: 20px;" type="text"/> <b>Identity/Full birth certificate/Passport number</b> <input style="width: 95%; height: 20px;" type="text"/>	<b>Nature of dependency</b> <input style="width: 95%; height: 20px;" type="text"/>
<b>Dependant's contact details</b> <input style="width: 95%; height: 20px;" type="text"/>	
<b>2. Full name and surname</b> <input style="width: 95%; height: 20px;" type="text"/> <b>Identity/Full birth certificate/Passport number</b> <input style="width: 95%; height: 20px;" type="text"/>	<b>Nature of dependency</b> <input style="width: 95%; height: 20px;" type="text"/>
<b>Dependant's contact details</b> <input style="width: 95%; height: 20px;" type="text"/>	
<b>3. Full name and surname</b> <input style="width: 95%; height: 20px;" type="text"/> <b>Identity/Full birth certificate/Passport number</b> <input style="width: 95%; height: 20px;" type="text"/>	<b>Nature of dependency</b> <input style="width: 95%; height: 20px;" type="text"/>
<b>Dependant's contact details</b> <input style="width: 95%; height: 20px;" type="text"/>	
<b>4. Full name and surname</b> <input style="width: 95%; height: 20px;" type="text"/> <b>Identity/Full birth certificate/Passport number</b> <input style="width: 95%; height: 20px;" type="text"/>	<b>Nature of dependency</b> <input style="width: 95%; height: 20px;" type="text"/>
<b>Dependant's contact details</b> <input style="width: 95%; height: 20px;" type="text"/>	
<b>5. Full name and surname</b> <input style="width: 95%; height: 20px;" type="text"/> <b>Identity/Full birth certificate/Passport number</b> <input style="width: 95%; height: 20px;" type="text"/>	<b>Nature of dependency</b> <input style="width: 95%; height: 20px;" type="text"/>
<b>Dependant's contact details</b> <input style="width: 95%; height: 20px;" type="text"/>	

Attach copies of identity documents of all children, financial dependants, major and minor children to the form for section 2.1 to 2.5.

2.6 Other information we must know of (any other benefit payouts, including pension or provident funds):

I hereby confirm that the information completed on this form is true and correct.

Name and surname	<input type="text"/>
Capacity of signatory	<input type="text"/>
Signed at	<input type="text"/>

<b>Signature</b>	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Contact details

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**Client contact centre**

Telephone: 0860 441 111, Fax: +27 (0)12 675 3947, Email: [riskclaims@momentum.co.za](mailto:riskclaims@momentum.co.za)  
Address: 268 West Avenue Centurion, 0157, Postal: PO Box 7400 Centurion, 0046, Website: [momentum.co.za](http://momentum.co.za)

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