

Notification of death

Your details

Important

1:

- 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.

Title		First name	e																
Surname																			
Relationship to the deceased	Spouse	CI	Closest relative Other								r relative								
	Financial advis	ser	Ap	Appointed executor Other				er											
Cell phone number	+ 2 7						Other	+	2	7									
Email address																			
2: Notice of death																			
2.1 Details of the deceased																			
Full name																			
Surname of the deceased																			
Identity number																			
Date of death	D D M M	YYY			e of d														
				IT (cause unna														
Marital status	Married		Liv	ving t	ogeth	er			Sep	arated	l								
	Divorced		W	idowe	ed				Sing	le									
South African Revenue Service income tax number																			
2.2 Details of known Momer	ntum products																		
If you know of any Momentum product Include copies of any documents that a	s or investment r	numbers the de	eceas	sed m	nay ha w	ive had	d, list th	ese	belov	v:									
Product										Inv	estm	ent	numb	er					
																		_	
																		_	
																		_	
2.3 Details of the contact pers															7			_	
Are you also the person we must conta If "no", we need the contact person's d		about the clai	m?										Yes			N	0		
Title		First name	e																
Surname																		=	
Relationship to the deceased	Spouse		Fa	amilv	memb	oer			Fina	ncial a	advis	er		1					
	Appointed exe	cutor		Family member Fina Employer Other															
Cell phone number	+ 2 7						Other	+	2	7				_	T				
Email address																		=	
You only need to send us this pa	ge and a copy o	of the death co	ertific	ate f	o risk	claim	s@mon	nent	um.c	o.za.	We w	vill co	ommu	nicat	e wit	h the		_	
contact person about this claim.	3- a a copy o				.	J	- - •			J.=WI		50					-		

3: Beneficiary nominations		
Do you have any beneficiary nomination	forms for the deceased?	No
If "yes", send us a copy of each nominat	on you have.	
4: Details of the executor	or appointed person	
Are you the executor or appointed perso	n for the deceased estate?	No
If "no", we need the details of the execut	or or appointed person.	
Full name		
Surname		
Identity number		
Cell phone number	+ 2 7 Other + 2 7	
Email address		
Do you have a letter confirming this appo	intment? Yes	No
If "yes" we will need a copy.		
Retirement fund benefit	3	
	sion fund, provident fund, preservation fund or retirement annuity investment, we will proce means we need details of all the persons that were dependent on the deceased.	ss the claim
We need you to complete the Details of	lependants (INVESTO020E) and attach it with this notification when you submit the forms t	o us.
6: Declaration by the conta	act person	
	vledge, the information on this form and on the Details of dependants, if attached, is correcther requirements based on the information that I completed.	ect.
Name and surname		
Signed at	Date D D M	M Y Y Y Y
Signatory	Other signature if required	

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						F	-ull r	nam	ne																							
Surnar	me																															Ī
Identity	number																															
2:	Details of possible depe	end	ants	S _																												
2.1	Spouse details																															
	ise is someone who is the permanary Marriages Act, the Civil Uni											part	ne	er of	far	nemb	er a	сс	ord	ing	to 1	he	Mar	riaç	је А	۹ct,	the	Re	cog	nitic	n of	
We ne	ed proof of marital status or relat	ionsł	nip to	the	e dec	eas	ed.																									
Curren	t spouse																															
Title						F	-ull r	nam	ne [
Surnar	me																															
Previo	us surnames																															
Identity	number																															
Cell ph	one number	+	2	7												Othe	er	+	2	7	,											
Email a	address																															
Second	d spouse																															
Title						F	-ull r	nam	ne [
Surnar	me																															Ī
Previo	us surnames																															ī
Identity	number												T																			
Cell ph	one number	+	2	7									Ī			Othe	er	+	2	7	,		Т				T	T	T	T		
Email a	address																															
2.2	Previous spouses																															
Did the	deceased maintain any ex-spou	se at	the t	time	of d	leath	or I	nad	the	e de	ece	ased	d a	gre	ed 1	to mai	ntai	in a	any	ex-	spc	use	} ?		Υ	es				No		
If "yes"	we need a copy of any court ord	er or	settle	eme	ent a	gree	mer	ıt.																								
Ex-spo	use																															
Title						F	-ull r	nam	ne [
Surnar	me																															
Previo	us surnames																															
Identity	number																															
Cell ph	one number	+	2	7									Ī			Othe	er	+	2	7												
Email a	address																															Ī

Sec	cond ex-spouse																						
Titl	е				Full	name																	
Sui	rname																						
Pre	evious surnames																						
lde	ntity number																						
Cel	l phone number	+ 2	7							Other	r	+ 2	2 7	7									
Em	ail address																						
2.3	Details of children under 18	3																					
We	t all living children, including adopted need a birth certificate, proof of ma ere there are more than five childrer	intenan	nce, p	roof of	educa	ation a	nd any	other	proof c	of deper	nde	ncy.		ceas	sed's	dea	ith.						
1.	Full name and surname										lo	lenti	ity/F	ull b	irth	cert	ifica	te/P	ass	port	nur	nber	
	Who is looking after the child? Na	me and	d suri	name			Re	elatio	nship to	o child	С	onta	act d	letai	ls								
2.	Full name and surname										lo	lenti	ity/F	ull b	irth	cert	ifica	te/P	ass	port	nur	nber	
Who is looking after the child? Name and surname Relationsh							nship to	o child	С	onta	act d	letai	ls										
3.	Full name and surname										ld	lenti	ity/F	ull b	irth	cert	ifica	ite/P	ass	port	nur	nber	
	Who is looking after the child? Na	me and	d suri	name			Re	elatio	nship to	o child	С	onta	act d	letai	ls								
4.	Full name and surname										lo	lenti	ity/F	ull b	irth	cert	ifica	te/P	ass	port	nur	nber	
	Who is looking after the child? Na	me and	d suri	name			Re	elatio	nship to	o child	С	onta	act d	letai	ls								
5.	Full name and surname										ld	lenti	ity/F	ull b	irth	cert	ifica	ite/P	ass	port	nur	nber	
	Who is looking after the child? Na	me and	d suri	name			Re	elatio	nship to	o child	С	onta	act d	letai	ls								
2.4	Details of children over 18																						
Lis	t all living children, including adopted	d childr	en an	d child	lren bo	rn out	of wed	llock.															
	need proof of education, proof of er			-																			
Wh	ere there are more than five childrer	ı, list th	ne info	rmatio	on of th	e othe	er childi	ren oı	n a sepa	arate pa	age)id t	he d	lece	ased	
1.	Full name and surname																	7		tain		chile	1 ?
																		_ `	Yes			No	
	Identity/Full birth certificate/Pass	port nu	ımbe	r (Child's	s cont	act det	ails															
																						ased	
2.	Full name and surname																	٦		tain		chile	; ?
	Identify/Evill binth contify-to-IP				Ob:11-11			- الما											Yes			No	
	Identity/Full birth certificate/Pass	port nu	ımbe	r (Child's	s cont	act det	alls															

3.	Full name and surname			e dec	eased e child?
			Yes		No
	Identity/Full birth certificate/Passport number	Child's contact details			
4.	Full name and surname			e dec	eased e child?
			Yes		No
	Identity/Full birth certificate/Passport number	Child's contact details			
5.	Full name and surname			e dec	eased
			Yes		No
	Identity/Full birth certificate/Passport number	Child's contact details			
2.5	Details of other financial dependents				
2.5					
Lis	all persons not already listed who were financially de	ependent on the deceased. We need proof of financial dependency.	Nature of		
1.	Full name and surname		dependen	су	
	Identity/Full birth certificate/Passport number	Dependant's contact details			
			Nature of		
2.	Full name and surname		dependen	су	
	Identity/Full birth certificate/Passport number	Dependant's contact details			
3.	Full name and surname		Nature of dependent	CV	
•				-,	
	Identity/Full birth certificate/Passport number	Dependant's contact details			
			Nature of		
4.	Full name and surname		dependen	су	
	Identity/Full birth certificate/Passport number	Dependant's contact details			
5.	Full name and surname		Nature of dependen	су	
			-	-	
	Identity/Full birth certificate/Passport number	Dependant's contact details			

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 Oth	er information we must	know of (any other benefit payouts, including pension or pro	ovident funds):
I hereby co	nfirm that the information	n completed on this form is true and correct.	
Name and s	urname		
Capacity of	signatory		
Signed at			
Signatur	e		Date D D M M Y Y Y Y

Contact details

Client contact centre

Telephone: 0860 441 111, Fax: +27 (0)12 675 3947, Email: riskclaims@momentum.co.za

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MMI Group Limited, an authorised financial services and credit provider Reg no 1904/002186/06 (FSP6406)

Refer to momentum.co.za for details of the directors and company secretaries