

Payment to bank/cession form

Policy number

Contact details

Email completed form and letters to: lumpsumclaims@momentum.co.za OR incomeclaims@momentum.co.za

Or call us for more information:

Sharecall (South Africa): **0860 44 11 11**

Tel: **+27 12 675 3052**

International: **+27 11 505 1552**

All relevant questions have to be completed in full. All supporting documentation must be attached to this form.

1: Details of policyholder/insured life

Title	<input type="text"/>	Initials	<input type="text"/>	First name	<input type="text"/>		
Surname	<input type="text"/>						
Name of Institution (if the claimant is an institution)	<input type="text"/>						
Identity number (RSA residents only)	<input type="text"/>	Permanent ID	<input type="text"/>	Yes	<input type="text"/>	No	<input type="text"/>
Passport number (non-RSA residents only)	<input type="text"/>	Passport expiry date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Passport country of issue	<input type="text"/>						
Physical address	<input type="text"/>						
	<input type="text"/>						
	<input type="text"/>						
Telephone - work	<input type="text"/>	Telephone - home	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cellphone number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail address	<input type="text"/>						

2: To be completed by the cessionary (e.g. bank)

In the event of a policy being ceded, please provide us with the official letter from the cessionary/bank confirming the bank account details into which they wish the proceeds to be paid. In the event of a cession being cancelled, please provide us with the official cancellation letter from the appointed cessionary.

Do you give consent to Momentum paying the difference between the claim value and the amount owed to you directly to the nominated policyholder/insured life? Yes No

If "yes", state the amount payable to you Valid until

Full name

Designation

Signature of authorised person	<input type="text"/>	Date	<input type="text"/>
Company stamp	<input type="text"/>		