momentum

Wealth Investment Series
Beneficiaries for proceeds nomination

Investment number	P	P								

Your instruction

1. This instruction forms part of your investment agreement with us. Refer to the terms of your investment to make sure you can nominate a beneficiary for proceeds, or ask your financial adviser for more information.
2. Anti-money laundering, anti-bribery and anti-corruption legislation requires us to identify you and verify your information. Based on the information you provide, we may ask for additional information and documents. Your financial adviser will, if necessary, refer to the Financial Intelligence Centre Act (FICA) Know-your-client checklists to let you know which documents are needed.
3. We populated certain fields on this form to guide you. You can change these fields according to your requirements.
4. You may not change any other part of this form. When you correct any information you have completed, sign next to it.
5. If we cannot process any part of this instruction, we will inform you or your financial adviser.

1: Investor details

1.1 Personal details

We need proof of your identity and physical address.

Surname

Previous surnames

Title

Full name

Identity/Passport number

Nationality Z A (ZA if South Africa) Country of birth/registration Z A (ZA if South Africa)

Citizenship Z A (ZA if South Africa) If you hold dual citizenship, give the other country code

Date of birth D D M M Y Y Y Y Gender Male ◯ Female ◯

Physical address
Unit number Complex
Street number Street name/Farm
Suburb/District
City/Town
Postal code Country code Z A (ZA if South Africa)

What is your source of **income or wealth**?

Business profit ☐ Interest and dividends ☐ Savings ☐ Salary ☐ Inheritance ☐ Other ☐

Give more details like name and nature of the business, name of the financial institution and the account reference, name of the employer, the estate that paid the inheritance, or describe “other”:

A **politically exposed person** (PEP) is someone who is involved, or has been involved, in a prominent public function. This includes local functions or functions in foreign countries. You are also considered a politically exposed person if any of your family members, nominated beneficiaries or close associates are politically exposed. A politically exposed person status is not only relevant to government employees or a person involved in politics. It includes for example, heads of state, cabinet ministers, members of parliament, members of local and provincial government, senior administrators in government departments (financial departments/tender processes), senior judges, managers of local municipalities who award tenders, senior and influential officials, ambassadors, commissioners, consulate employees and senior representatives of religious organisations.

Are you a politically exposed person? Yes ◯ No ◯ If “yes”, give details

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1.2 Communication details

Cell phone number	+ 2 7 (0)	Other	+ 2 7 (0)
Email address			
If the investor is a minor, name of the contact person			
Identity/Passport number of the contact person			

1.3 Income tax details

Are you a registered tax payer with the South African Revenue Service (SARS)? Yes ◯ No ◯

If "yes", give your SARS tax number

If you are currently, or have been previously, registered for tax in other countries, complete those details below.

Tax residence (country code)	Tax identification number (TIN)

2: Beneficiary details

When you as the last or only insured person die, we can pay the proceeds of this investment to the beneficiaries for proceeds you nominate. If you do not nominate beneficiaries for proceeds before you die or a beneficiary dies before you, we can pay the proceeds to your estate.

The Board of trustees of the Momentum Wealth Retirement Annuity Fund or Momentum Wealth Pension Preservation Funds are legally required to distribute your fund benefit to your dependants according to section 37C of the Pension Funds Act. This means the trustees will take your beneficiary nomination into account, but the benefit may not be paid accordingly.

If the terms of your investment allow you to cede or assign your investment, or any interest in it, and you choose to do this, your nomination will be cancelled. Your nominiation will also be cancelled if a beneficiary dies before you.

Beneficiary for proceeds
I recall all previous beneficiary for proceeds nominations for this investment and replace it with the nomination below.

Full name of beneficiary	**Identity/ Registration no** or **Passport no and date of birth**	**Relationship to you**	**Contact details**	**Benefit %**
				, %
				, %
				, %
				, %
				, %
				, %
				, %
				, %
				, %
				, %
				1 0 0 , 0 0 %

3: Financial adviser details and declaration

The financial adviser must complete and sign this section.

3.1 Financial adviser details

Name and surname			
Cell phone number	+ 2 7 (0)	Other	+ 2 7 (0)
Email address			

Investment number	P	P								

3.2 Financial adviser declaration

1. I confirm that I have identified the investor and any guardian. I obtained and stored the verification documents and have verified these details according to sections 21 and 22 of FICA. Yes ◯ No ◯
2. I provided advice and intermediary services for this instruction.

I have read this instruction and the terms and guides that apply to this investment. The information on this form is, to my knowledge, true and correct. I will not hold you liable for any loss or damage if this application is altered after I sign it.

Name and surname of financial adviser	
Signature of financial adviser	
Date	D D M M Y Y Y Y

4: Investor declaration

1. I am the owner of this investment.
2. It is my responsibility to get advice before making any investment decisions. I accept the risks related to this investment if I choose not to use the services of a financial adviser or do not follow my financial adviser's advice.
3. I know that my financial adviser must be appropriately licenced with the Financial Sector Conduct Authority (FSCA).
4. I understand and accept:
   - that you are not liable for any claim that may arise as a result of this instruction;
   - your timelines, business practices and administrative processes;
   - that you can share my personal information within your holding company, its subsidiaries and contracted service providers in order to administer my investment and provide me with financial wellness information.
5. I acknowledge that you may be required to send the information provided to SARS, who may share it with the local tax authority according to the Foreign Accounts Tax Compliance Act (FATCA) and the Organisation for Economic Co-operation and Development's (OECD) Common Reporting Standard (CRS).
6. I undertake to inform you in writing of any changes in my circumstances or details that I provided.

I have carefully read, and I understand and accept this instruction, the terms and guides that apply to this investment. The information I completed on this form is true and correct. I will not hold you liable for any loss or damage if this application is altered after I sign it.

Name and surname	
If not the investor, capacity of signatory	
Signed at	
Date	D D M M Y Y Y Y
Authorised signatory	
Other signature if required	

Contact details

Client contact centre
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