

Beneficiary form

Policy/Benefit/Contract number -

We recommend that you contact your personal financial adviser before making any changes to your portfolio.

Requirements

- 1. This form fully filled in, in black ink and in block letters, signed by the policyholder/investment owner and co-signed by the spouse if married in community of property on/after 1/11/1984.
- 2. A certified copy of your identity document (both sides of card driving licence, identity document or passport).
- 3. FICA information, if not updated within the last 24 months.
- 4. Please fill in a separate form for each policy, benefit or contract number.
- 5. Trusts:
 - The trust deed.
 - A current and valid letter of authority issued by the Master of the High Court, setting out who has/have been appointed as trustee/s.
 - A resolution signed by the designated trustees, authorising certain trustee/s to act on behalf of the trust (only necessary where not all the trustees will be signing documents).

Additional information

- If, according to your beneficiary nomination, the total percentage of the death value that Momentum has to pay to your beneficiaries is less than 100%, Momentum will pay the balance to your estate. You may choose that Momentum should pay a certain percentage of the death value to your estate.
- The rights of a nominated beneficiary is impacted by the rights of a cessionary. Momentum will determine the rights of a beneficiary in accordance with the provisions of the policy contract.

Contact person for requirements

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

Name	<input type="text"/>		
Contact number	<input type="text"/>	Fax number	<input type="text"/>
E-mail address	<input type="text"/>		

Section 1: Policyholder/Investment owner details

Title	<input type="text"/>	Initial/s	<input type="text"/>	First name	<input type="text"/>
Surname/Name of legal entity	<input type="text"/>				
Previous surname/s	<input type="text"/>				
Type of legal entity (if legal entity)	Natural person <input type="checkbox"/>	Sole Proprietor <input type="checkbox"/>	Company/Close Corporation <input type="checkbox"/>		
	Partnership (all natural persons) <input type="checkbox"/>	Partnership (other) <input type="checkbox"/>	Nontaxable institution <input type="checkbox"/>		
Contact person for legal entity	<input type="text"/>				
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Correspondence language	English <input type="checkbox"/>	Afrikaans <input type="checkbox"/>
Date of birth	<input type="text"/> DD/MM/YYYY				
Identity/Registration/Passport number	<input type="text"/>			RSA ID	Yes <input type="checkbox"/> No <input type="checkbox"/>
Postal address	<input type="text"/>				
	<input type="text"/>				Postal code <input type="text"/>
Residential address	<input type="text"/>				
	<input type="text"/>				Postal code <input type="text"/>
Telephone - work	<input type="text"/>		Fax - work	<input type="text"/>	
Telephone - home	<input type="text"/>		Cellphone number	<input type="text"/>	
E-mail address	<input type="text"/>				
Preferred method of communication	E-mail <input type="checkbox"/>	Post <input type="checkbox"/>			

For the time being, certain documents from Momentum are not available electronically. We will post those to you.

Section 2: Details of beneficiary/ies

Beneficiary number	<input type="text"/> 0 <input type="text"/> 1	Percentage	<input type="text"/> , <input type="text"/> %
Title	<input type="text"/>	Initial/s	<input type="text"/> First name <input type="text"/>
Surname/Name of legal entity	<input type="text"/>		
Relationship to policyholder/investment owner	<input type="text"/>		
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Correspondence language English <input type="checkbox"/> Afrikaans <input type="checkbox"/>
Date of birth	<input type="text"/> DD/MM/YYYY		
Identity/Registration/Passport number	<input type="text"/>	RSA ID	Yes <input type="checkbox"/> No <input type="checkbox"/>

Beneficiary number	<input type="text"/> 0 <input type="text"/> 2	Percentage	<input type="text"/> , <input type="text"/> %
Title	<input type="text"/>	Initial/s	<input type="text"/> First name <input type="text"/>
Surname/Name of legal entity	<input type="text"/>		
Relationship to policyholder/investment owner	<input type="text"/>		
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Correspondence language English <input type="checkbox"/> Afrikaans <input type="checkbox"/>
Date of birth	<input type="text"/> DD/MM/YYYY		
Identity/Registration/Passport number	<input type="text"/>	RSA ID	Yes <input type="checkbox"/> No <input type="checkbox"/>

Beneficiary number	<input type="text"/> 0 <input type="text"/> 3	Percentage	<input type="text"/> , <input type="text"/> %
Title	<input type="text"/>	Initial/s	<input type="text"/> First name <input type="text"/>
Surname/Name of legal entity	<input type="text"/>		
Relationship to policyholder/investment owner	<input type="text"/>		
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Correspondence language English <input type="checkbox"/> Afrikaans <input type="checkbox"/>
Date of birth	<input type="text"/> DD/MM/YYYY		
Identity/Registration/Passport number	<input type="text"/>	RSA ID	Yes <input type="checkbox"/> No <input type="checkbox"/>

Beneficiary number	<input type="text"/> 0 <input type="text"/> 4	Percentage	<input type="text"/> , <input type="text"/> %
Title	<input type="text"/>	Initial/s	<input type="text"/> First name <input type="text"/>
Surname/Name of legal entity	<input type="text"/>		
Relationship to policyholder/investment owner	<input type="text"/>		
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Correspondence language English <input type="checkbox"/> Afrikaans <input type="checkbox"/>
Date of birth	<input type="text"/> DD/MM/YYYY		
Identity/Registration/Passport number	<input type="text"/>	RSA ID	Yes <input type="checkbox"/> No <input type="checkbox"/>

Beneficiary number	<input type="text"/> 0 <input type="text"/> 5	Percentage	<input type="text"/> , <input type="text"/> %
Title	<input type="text"/>	Initial/s	<input type="text"/> First name <input type="text"/>
Surname/Name of legal entity	<input type="text"/>		
Relationship to policyholder/investment owner	<input type="text"/>		
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Correspondence language English <input type="checkbox"/> Afrikaans <input type="checkbox"/>
Date of birth	<input type="text"/> DD/MM/YYYY		
Identity/Registration/Passport number	<input type="text"/>	RSA ID	Yes <input type="checkbox"/> No <input type="checkbox"/>

Beneficiary number	<input type="text"/> 0 <input type="text"/> 6	Percentage	<input type="text"/> , <input type="text"/> %
Title	<input type="text"/>	Initial/s	<input type="text"/> First name <input type="text"/>
Surname/Name of legal entity	<input type="text"/>		
Relationship to policyholder/investment owner	<input type="text"/>		
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Correspondence language English <input type="checkbox"/> Afrikaans <input type="checkbox"/>
Date of birth	<input type="text"/> DD/MM/YYYY		
Identity/Registration/Passport number	<input type="text"/>	RSA ID	Yes <input type="checkbox"/> No <input type="checkbox"/>

Section 3: Declaration

I/We warrant that

1. I am/We are the legal owner/s of the policy/contract, and competent to deal with the policy/contract.
2. I/We have not transferred, ceded or pledged the policy/contract or benefit to anyone in any way.
3. I/We have the right to replace this/these beneficiary/ies with (an)other beneficiary/ies and must give written notice of such replacement to Momentum.
4. I/We agree that the nomination of a beneficiary forms part of and is subject to the declarations and documents under which Momentum issued the policy/contract.
5. I/We accept that the cession of the policy/contract will take precedence over the nomination of a beneficiary and I/we will familiarise myself/ourselves with the policy/contract terms if I/we consider ceding the policy/contract.
6. I/We revoke and cancel the nomination of the previous beneficiary/ies - if any.

Signed at	<input type="text"/>	Date	<input type="text" value="DD/MM/YYYY"/>
	<input type="text"/>		<input type="text"/>
	1. Signature of policyholder/investment owner/ authorised signatory		2. Signature of spouse if married in community of property

In the event of a legal entity

1. Registration number	<input type="text"/>
2. I am duly authorised to represent the legal entity	
Signature	<input type="text"/>
3. Name in block letters	<input type="text"/>
4. Designation	<input type="text"/>