

# Benefit Claim Form

Employee Number:

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Policy Reference Number:

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Member personal details	Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/>																																																																															
	Surname: <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																																																															
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	Spouse Date of Birth: <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y																																																																							
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Divorce Decree	<b>Do you have any Divorce Decree/Court Orders that the Fund should be notified about?</b>
	If Yes, complete details below      Yes <input type="checkbox"/> No <input type="checkbox"/>
	In terms of the Divorce Amendment Act 7 of 1989, pension interest becomes payable to non-member spouse when the member withdraws from the Fund on resignation, retirement, retrenchment or death. The Act defines pension interest as an amount equal to withdrawal benefit which would have become payable in terms of the fund if the member had withdrawn on the date of the divorce. Therefore, please provide details of any claimants that the FUND should be notified of as well as a copy of the full divorce order, if not previously submitted.

Details of Ex spouse	Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/>
	Surname: <input type="text"/>
	First Name: <input type="text"/>
	Contact Address: <input type="text"/>
	Postal Code: <input type="text"/>
	Contact Number: <input type="text"/>

Alternative contact	Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/>
	Surname: <input type="text"/>
	First Name: <input type="text"/>
	Contact Number: <input type="text"/>

Exit details	Exit Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Exit Code: <input type="text"/> (Refer to the below for Exit Codes).
	(Date exit is the first day out of service).
	Cause of Death: <input type="text"/>

**EXIT CODES**

70 RETRENCHMENT  
71 NORMAL RETIREMENT  
72 DEATH  
73 VOLUNTARY WITHDRAWAL  
68 SECTION 14

**The recovery of personal indebtedness of the employer is not permitted.**

**Cause of Employee's Debt:**

**Compensation of damages caused by an employee**

Housing Loan:	<input type="checkbox"/>	Date:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	R	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Theft:	<input type="checkbox"/>	Date:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	R	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dishonesty:	<input type="checkbox"/>	Date:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	R	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fraud:	<input type="checkbox"/>	Date:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	R	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Misconduct:	<input type="checkbox"/>	Date:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	R	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Claims against the member's benefits are limited to the provisions of S37D of the Pension Funds Act 24 of 1956 (as amended) which are as follows:

- Amounts due to the Fund or Employer in respect of any housing loan including guarantee/s by the Fund or Employer for such a loan.
- Amounts due by a member in respect of losses suffered by the Employer through theft, dishonesty, fraud or misconduct by the member and in respect of which:
  - Member has admitted liability in writing AOD: Acknowledgement of debt of damages caused by an employer or
  - Judgment has been obtained against the member in any court of law (Section 300/ civil litigation).
- Further exceptions permitted in terms of S37A of the Pension Funds Act are in respect of:
  - Amounts due by a member in terms of a maintenance order as defined in Section 1 of the Maintenance Act,
  - Portion of the "Pension Interest" allocated to the non-member spouse in terms of the divorce decree granted under Section 7(8)(a) of the Divorce Act, 1979 (if no claim was made by the non-member spouse prior to membership termination).



<b>Personal Information</b>	I hereby give my consent to the processing of my personal data by Momentum Retirement Administrators, the Fund and or my Employer for the purpose of processing my claim.			
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Member Signature</i>	Date: <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	

<b>Declaration by member</b>	I hereby confirm that benefit counselling was made available to me by the Fund prior to making an election. <input type="checkbox"/> Yes <input type="checkbox"/> No	
	I hereby confirm that: the details provided herein are true and correct in every way; I understand the options available to me with regard to the payment of my benefits, including the tax implications and that I am making an informed choice; in the event of any loss suffered as a result of any details provided herein being incorrect, neither the Fund nor Momentum Retirement Administrators can be held liable for such losses.	
	<b>POPIA Privacy Statement</b>	
	I agree that Momentum Corporate may process all information that I provide on this form. I understand that the information will be processed in accordance with the Protection of Personal Information Act, 2013 and Momentum Corporate's strict policies on protecting the confidentiality of my personal information.	
	I agree that Momentum Corporate may use my personal information to provide and administer my retirement fund investment and share my personal information with Momentum Corporate's partners and contracted service providers, who are legally bound to protect the information.	
	Surname: <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"/> <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"/>	
	First Name: <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"/> <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"/>	
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	Date: <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	<i>Member's Signature</i>

<b>Declaration by employer representative</b>	I hereby declare that all the particulars furnished on this form are true and correct.	
	Surname: <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"/> <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"/>	
	First Name: <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"/> <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"/>	
	Identity/Passport Number: <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"/> <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"/>	
	Date: <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	
	Employer Contact Number: <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"/> <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"/>	
	Branch / Division Name: <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"/> <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"/>	
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	<i>Signed on behalf of Employer</i>	<i>Official Company Stamp</i>

IN CASE OF NON-DEATH THE MEMBER AND EMPLOYER SIGNATURES MUST BE PRESENT TO ENABLE PAYMENT

NB: NO BENEFIT PAYMENT WILL BE PROCESSED BY THE ADMINISTRATOR UNLESS THIS DOCUMENT IS ACCOMPANIED BY A DULY COMPLETED ELECTRONIC BENEFIT CLAIM FORM (BCF).