

Benefit Claim Form

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Policy Reference No.:																									
	Title	e: Mı	,	Mrs	8	IM	liss			Ms															
	Surname	e:																							
	First Name	e:																							
	Identity No).:													(certified copy of ID required).										
	Passport No).:																							
	Country Of Issue	e:																							
	Date of Birtl	h: D	D	M	M		Υ	Υ	Υ	Υ	Tax I	No.:													
Member personal details	Date Joined Fund	d: D	D	M	M		Υ	Υ	Υ	Υ															
	Marital Status	s:	Mar	ried	I	Divo	rcec	1	\	Vido	wed		Pa	rtne	er Single										
	Spouse Date of Birtl	h: 🗅	D	M	M		Υ	Υ	Υ	Υ															
pers	Contact No).:																							
mber	Private Email Address	s:																							
Me	Unit No).:																							
	Complex	x:																							
	Street No.).:																							
	Street Name	e:																							
	Suburb / Distric	t:																							
	City / Town	n:																							
	Postal Code	e:																							
	Postal Address	s:																							
	Postal Code	e:																							

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9	Do you have any I	Divorce	Decre	e/Court	Order	s that t	he Fun	d sh	ould	be no	tified a	bout	?					
Decre	If Yes, complete de																	
Divorce Decree	If Yes, complete details below Yes No 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as an amount equal to withdrawal benefit which would have become payable in terms of the fund if the member had withdrawn on the date of the divorce.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 should you divorce please provide details of any claimants that the FUND should be notified about as well as a copy of the full divorce order, if not previously submitted.																	
	Title:	Mr	Mrs	; []	Miss	I I	/Is											
e e	Surname:																	
snod	First Name:						Ħ	T	T			Ť						
Ex s	Contact Address:							_										
ls of																		
Details of Ex spouse																		
	Postal Code:							,							,	,		
	Contact No.:																	
tact		Title:	Mr	Mrs	6	Miss		Ms										
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	Exit Date: D D M M Y Y Y Y Exit Code: (Refer to the below for Exit Codes).														odes).			
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Exit detail	Cause of Death:				70 71	RETREN	CHMENT	/ WITH										

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68 SECTION 14

Υ \mathbb{N} Υ Dishonesty: Date: R Fraud: Date: R Details of debt Misconduct: Date: R 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, 1998. - 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) . This section is NOT applicable for death exit code. Benefits are paid in terms of the rules of the specific Fund. Benefit option 1. CASH (Complete your Bank details below). % EXTERNAL TRANSFER. % 2. INTERNAL (Pension from the Fund). % 3. Number of annuities purchased (Max 4). If option 2 is selected please ensure a REGISTERED INSURER TRANSFER DETAIL form (TDF) is completed per annunity purchased. * The number of annuities purchased must be indicated in the case of split transfers. Name of the Account Holder: Member bank details **Bank Name: Branch Code:**

R

The recovery of personal indebtness of the employer is not permitted.

Compensation of damaged caused by an employee

Date:

Account No.:

Account Type:

Cheque

Cause of Employee's Debt:

Theft:

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Savings

By law the fund may not make a benefit payment to any third party (any person other than the member).

Transmission

er	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.															/ent			
qme	Surname:				Т														
y me	First Name:				+														
d no					+		+												
ratic	Identity/Passport No.:				\perp			<u></u>											
Declaration by member	Date: D D M M Y Y Y Y																		
	Member's Signa	ature																	
	I hereby declare that all the particulars furnished on this form are true and correct.																		
	Surname:																		
	First Name:	:																	
Ve	Identity/Passport No.:	:																	
representative	Date:	D	D	М	М	Y	Y	Υ	Υ				_						
rese	Employer Contact No.:					Т													
rep	Branch / Division Name:					\top	+												
oyer																			
ldma	Email address:	·									_								
Declaration by employ	Signed on behalf of	Official Company Stamp																	

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

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