

Benefit Claim Form

Employee No.:

Policy Reference No.:

Member personal details	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"/>												
	Identity No.:	<input type="text"/>								(certified copy of ID required).				
	Passport No.:	<input type="text"/>												
	Country Of Issue:	<input type="text"/>												
	Date of Birth:	D	D	M	M	Y	Y	Y	Y	Tax No.:	<input type="text"/>			
	Date Joined Fund:	D	D	M	M	Y	Y	Y	Y					
	Marital Status:	Married	<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Widowed	<input type="checkbox"/>	Partner	<input type="checkbox"/>	Single	<input type="checkbox"/>			
	Spouse Date of Birth:	D	D	M	M	Y	Y	Y	Y					
	Contact No.:	<input type="text"/>												
	Private Email Address:	<input type="text"/>												
	Unit No.:	<input type="text"/>												
	Complex:	<input type="text"/>												
	Street No.:	<input type="text"/>												
	Street Name:	<input type="text"/>												
	Suburb / District:	<input type="text"/>												
	City / Town:	<input type="text"/>												
	Postal Code:	<input type="text"/>												
	Postal Address:	<input type="text"/>												
Postal Code:	<input type="text"/>													

Divorce Decree

Do you have any Divorce Decree/Court Orders that the Fund should be notified about?

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as an amount equal to withdrawal benefit which would have become payable in terms of the fund if the member had withdrawn on the date of the divorce.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.

Details of Ex spouse

Title: Mr Mrs Miss Ms

Surname:

First Name:

Contact Address:

Postal Code:

Contact No.:

Alternative contact

Title: Mr Mrs Miss Ms

Surname:

First Name:

Contact No.:

Exit details

Exit Date:

Exit Code: (Refer to the below for Exit Codes).

(Date exit is the first day out of service).

Cause of Death:

EXIT CODES

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

Declaration by member

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.

Surname: [Grid]

First Name: [Grid]

Identity/Passport No.: [Grid]

Date: [D][D][M][M][Y][Y][Y][Y]

Member's Signature

Declaration by employer representative

I hereby declare that all the particulars furnished on this form are true and correct.

Surname: [Grid]

First Name: [Grid]

Identity/Passport No.: [Grid]

Date: [D][D][M][M][Y][Y][Y][Y]

Employer Contact No.: [Grid]

Branch / Division Name: [Grid]

Email address: [Grid]

Signed on behalf of Employer

Official Company Stamp

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