

## **Benefit Claim Form**

Employee No.:																						
Policy	/ Reference No.:																					 
	Title:	Mr		Mrs	5	Mis	ss			Ms												
	Surname:																					]
	First Name:																					]
	Identity No.:														(ce	rtified	сору	/ of IE	) req	uired	)-	
	Passport No.:																					
	Country Of Issue:																					 
	Date of Birth:	D	D	Μ	Μ		Y	Y	Y	Y	Тах	No.:										
ils	Date Joined Fund:	D	D	Μ	Μ		Y	Y	Y	Y												
Member personal details	Marital Status:		Marri	ied	D	Divorced				Widowed			Partner Single									
sona	Spouse Date of Birth:	D	D	Μ	Μ		Y	Y	Y	Y												
ir per	Contact No.:																					
mbe	Private Email Address:																					
Me	Unit No.:																					-
	Complex:																					]
	Street No.:																					
	Street Name:																					
	Suburb / District:																					
	City / Town:																					
	Postal Code:																					
	Postal Address:																					1
					_																	1
																						1
																						1
	Postal Code:																			.[		 1

ee	Do you have any Divorce Decree/Court Orders that the Fund should be notified about?														
Deci	If Yes, complete details below Yes No														
Divorce Decree	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as an amount equal to withdrawal benefit which would have become payable in terms of the fund if the member had withdrawn on the date of the divorce.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 Ms	1													
	Surname:														
ouse															
Details of Ex spouse	First Name:														
of E	Contact Address:														
tails															
De															
	Postal Code:														
	Contact No.:														
ct															
Alternative contact	Title: Mr Mrs Miss Ms														
ve c	Surname:														
ernati	First Name:														
Alte	Contact No.:														
		٦													
	Exit Date:       D       M       M       Y       Y       Y       Y       Exit Code:       (Refer to the below for Exit Codes).         (Date exit is the first day out of service).       Exit Code:       (Refer to the below for Exit Codes).														
	Cause of Death:														
Exit details															
kit d€	70 RETRENCHMENT / WITHDRAWAL														
ш	71 RETIREMENT / RETRENCHMENT														
	72 DEATH														
	73 VOLUNTARY WITHDRAWAL														
	68 SECTION 14														
	81 ABSCONDED														

1

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

**Benefit option** 

	Cause of Employee'	s Debt:																							
	Compensation of da	maged cau	sed by	an e	mp	loyee	Э																		
	Contributions Refunded:	Date:	D		M	Μ	Y	Y	Y	Y	R														
	Housing Loan:	Date:	D		M	М	Y	Y	Y	Y	R														
	Theft:	Date:	D		M	М	Y	Y	Y	Y	R														
	Dishonesty:	Date:	D		M	Μ	Y	Y	Y	Y	R														
debt	Fraud:	Date:	D		M	Μ	Y	Y	Y	Υ	R														
Details of debt	Misconduct:	Date:	D		M	Μ	Y	Y	Y	Y	R														
Deta	Claims against the member follows:	er's benefits a	re limite	d to th	e pr	rovisio	ns of :	s37D	of th	e Pens	sion l	unds	Act 24	of 19	56 (as	amer	nded)	whic	h are	as					
	Amounts due to the	e Fund or Emp	oloyer in	respe	ect o	of any	housii	ng loa	an ind	cluding	gua	rantee	/s by th	e Fun	id or E	mploy	/er fo	r sucl	n a loa	an.					
	<ul> <li>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:         <ul> <li>Member has admitted liability in writing AOD: Acknowledgement of debt of damages caused by an employer or</li> <li>Judgment has been obtained against the member in any court of law (Section 300/ civil litigation).</li> </ul> </li> </ul>															e									
														l litiga	tion).										
	<ul> <li>Further exceptions</li> <li>Amounts</li> </ul>	due by a mer												ho Ma	ainton	anco	Act 1	998							
		f the "Pensior																	r sect	ion					
	7(8)(a) of	the Divorce /	Act, 197	9 (if no	o cla	aim wa	as mad	de by	the r	non — n	neml	per spo	ouse pi	ior to	memb	ership	o tern	ninati	on) .						
_																									
	This section is NOT applicable for death exit code.																								
uo	Benefits are paid in	terms of the	rules c	f the	spe	ecific	Fund.																		
option	1.   CASH (Complete your Bank details below).																								
Benefit	2. EXTERNA	L TRANSFI	ER.										%												
Be	* Number o	f annuities p	urchas	ed (M	ax (	4).																			
	If option 2 is selected	please ensur	e a REG	ISTEI	RED	) INSL	JRER	TRA	NSFE	ER DE	TAIL	form (	TDF) is	com	pleted	per a	nnun	ity pu	rchas	ed.					
	* The number of a	annuities pu	rchase	d mus	st be	e indi	cated	l in th	ne ca	ase of	split	trans	fers.												
_																									
	Name of the Account																								
tails		Holder																							
etails													_					1							
nk details	Bank	Name:																							
bank details	Bank																								
ember bank details	Bank Branch	Name:																	]						
Member bank details	Bank Branch	Name:	Cheque	2	s	Savin	gs		rans	missi	on														

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.

mer	Surname:																			
by																				
	First Name:																			
Declaration by membe	Identity/Passport No.:																			
nec	Date: D	D	M	М		<pre>/ ``</pre>	Y	Y	Y											
	Member's Sign	ature	9																	
	I hereby declare that all the	partic	ulars	furni	shed	on t	this fo	orm a	are tr	ue ar	nd co	rrect								
	Surname	:																		
sent	First Name	:																		
epre	Identity/Passport No.	:																		
Declaration by employer representative	Date	: D	D	] [ м	M		Y	Y	Y	Y			 							
oidu	Employer Contact No.	:																		
by e	Branch / Division Name	:																		
ILION	Email address	:	<u>.</u>	<u>.</u>			-	<u>.</u>		<u>.</u>	<u>.</u>	1					<u>.</u>	<u>.</u>		
ciara					7															1
De	Signed on behalf or									0	fficia	al Co	omp	any	Star	пр				

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