

Benefit Claim Form

Employee No.:

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Policy Reference No.:

--	--	--	--	--	--	--	--	--	--

Member personal details

Title: Mr ☐ Mrs ☐ Miss ☐ Ms ☐

Surname:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

First Name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Identity No.:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 (certified copy of ID required).

Passport No.:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Country Of Issue:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date of Birth:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 Tax No.:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date Joined Fund:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Marital Status: Married ☐ Divorced ☐ Widowed ☐ Partner ☐ Single ☐

Spouse Date of Birth:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Contact No.:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Private Email Address:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Unit No.:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Complex:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Street No.:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Street Name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Suburb / District:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City / Town:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Postal Code:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Postal Address:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Postal Code:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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as an amount equal to withdrawal benefit which would have become payable in terms of the fund if the member had withdrawn on the date of the divorce.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

81 ABSCONDED

- 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) .

- | | | | | | | |
|----|----------------------|--|--|---|---|---|
| 1. | <input type="text"/> | CASH (Complete your Bank details below). | <input type="text"/> <input type="text"/> <input type="text"/> | . | <input type="text"/> <input type="text"/> | % |
| 2. | <input type="text"/> | EXTERNAL TRANSFER. | <input type="text"/> <input type="text"/> <input type="text"/> | . | <input type="text"/> <input type="text"/> | % |
| * | <input type="text"/> | Number of annuities purchased (Max 4). | | | | |

- * The number of annuities purchased must be indicated in the case of split transfers.

Name of the Account Holder:																				
Bank Name:																				
Branch Code:																				
Account No.:																				
Account Type:	Cheque		Savings		Transmission															

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

[illegible][illegible][illegible]

D	D	M	M	Y	Y	Y	Y
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Member's Signature

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

[illegible][illegible][illegible]

D	D	M	M		Y	Y	Y	Y	

[illegible][illegible][illegible]

Signed on behalf of Employer

Official Company Stamp

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