momentum

Application for nomination of beneficiary/ies

Policy number/s

1. | | | | | | | | | | | | - | | | |
2. | | | | | | | | | | | | - | | | |
3. | | | | | | | | | | | | - | | | |

We recommend that you contact your personal financial adviser before making any changes to your financial portfolio.

REQUIREMENTS

So that Momentum can process your application, we require the following:

1. This form fully filled in, in black ink and in block letters.
2. If the policy or benefit has been ceded as collateral security for a debt or other obligation, please fill in section B.
3. Please fill in a separate application for each policy number or benefit number.
4. Trusts:
   - 4.1 The trust deed.
   - 4.2 A current and valid letter of appointment issued by the Master of the High Court, setting out who has been appointed as trustees.
   - 4.3 A resolution signed by the designated trustees, authorising certain trustee(s) to act on behalf of the trust (only necessary where not all the trustees will be signing documents).

Please make sure that these requirements are met.

BRANCH/FINANCIAL ADVISER: CONTACT DETAILS

Return to:

Financial adviser		Fax number (code - number)	
		E-mail address	
Branch		Internal postal code	
Client		E-mail address	

Momentum Group Limited
268 West Avenue Centurion 0157 PO Box 7400 Centurion 0046 South Africa
ShareCall 0860 11 49 30 Cell 082 233 6250 Telephone (012) 671 8911 Fax (012) 675 3911
Business hours 07:00 - 19:00 client@momentum.co.za www.momentum.co.za Reg. no. 1904/002186/06
Registered as a financial services provider

Policy number/s 1. _____ - _____

2. _____ - _____

3. _____ - _____

Application for nomination of beneficiary/ies

Section A: Personal and policy details

The policyholder must fill in this section (see definition 1)

1. Full names of policyholder

Postal address

Postal code

Additional policyholders 1.

2.

How would you like us to reply to this request? Mail Tel Fax E-mail

2. In the event of a legal entity

Registration number

Name of contact person

Designation

Section B: Cessions

Please note that if your policy is subject to a cession, this may impact on the rights of any nominated beneficiary. Momentum will determine the rights of the beneficiary in accordance with the provisions of your policy contract.

Section C: Revocable (that can be changed) nomination of beneficiaries

Please note that all the benefit share percentages must add up to 100%

I/We, the undersigned, legal holder/s of this policy, apply to nominate the following person/s as beneficiary/ies of this policy or benefit.

Beneficiary number 0 1 Benefit share %

Title Initial/s First name

Surname/Name of legal entity

Relationship to policyholder

Date of birth D D – M M – Y Y Y Y Gender Male Female

RSA ID Yes No Identity/Registration number

Beneficiary number 0 2 Benefit share %

Title Initial/s First name

Surname/Name of legal entity

Relationship to policyholder

Date of birth D D – M M – Y Y Y Y Gender Male Female

RSA ID Yes No Identity/Registration number

Beneficiary number 0 3 Benefit share %

Title Initial/s First name

Surname/Name of legal entity

Relationship to policyholder

Date of birth D D – M M – Y Y Y Y Gender Male Female

RSA ID Yes No Identity/Registration number

Policy number/s 1. 2. 3.

Section C: Revocable (that can be changed) nomination of beneficiaries (continued)

Beneficiary number 0 4 Benefit share %

Title Initial/s First name

Surname/Name of legal entity

Relationship to policyholder

Date of birth D D – M M – Y Y Y Y Gender Male Female

RSA ID Yes No Identity/Registration number

Beneficiary number 0 5 Benefit share %

Title Initial/s First name

Surname/Name of legal entity

Relationship to policyholder

Date of birth D D – M M – Y Y Y Y Gender Male Female

RSA ID Yes No Identity/Registration number

Section D: Declaration

I/We declare and accept that:

1. I am/We are the legal policyholder/s of the said policy or benefit and am/are legally entitled to deal with the policy.
2. I/We have not transferred, ceded or pledged the policy or benefit to anyone in any way.
3. I/We have the right to replace this/these beneficiary/ies with (an)other beneficiary/ies and must give written notice of such replacement to Momentum.
4. I/We agree that the nomination forms part of and is subject to the declarations and documents under which Momentum issued the policy or benefit.
5. I/We accept that the cession of the policy will take precedence over the nomination of a beneficiary and I/we will familiarise myself/ourselves with the policy terms if I/we consider ceding the policy.
6. I/We revoke and cancel the nomination of the previous beneficiary/ies - if any.

Signed at **Date** D D – M M – **2 0** Y Y

1. Signature of policyholder/duly authorised person signing on behalf of the policyholder where policyholder is not a natural person

2. Signature of policyholder/duly authorised person signing on behalf of the policyholder where policyholder is not a natural person

3. Signature of policyholder/duly authorised person signing on behalf of the policyholder where policyholder is not a natural person

4. Signature of spouse if married in community of property (see definition 4)

DEFINITIONS

1. **Policyholder/s**
   The legal owner/s of the policy or benefit, who can be the applicant and/or the insured life and/or the cessionary.
2. **Cessionary/ies**
   The legal entity/ies or institution/s to which ownership of the policy or benefit has been partially or fully transferred by way of a cession (eg bank).
3. **Identity document**
   Baptismal certificate, birth certificate, card driving licence (both sides) or official document with a photograph, the identity number, initials and surname of the person.
4. **Marriage contract**
   If the policyholder was married in community of property after 1 November 1984, the policyholder's spouse must sign the form.
5. **Trust:** A trust registered with the Master of the High Court.
6. **Trustee:** A person duly appointed by the Master of the High Court in a letter of appointment.