



## Benefit Claim form - Death

### Section 1: Member details

Employee number	<input type="text"/>		
Policy reference number	<input type="text"/>		
Title	<input type="text"/>	Initial/s	<input type="text"/>
Name(s)	<input type="text"/>		
Surname	<input type="text"/>		
Date of birth	<input type="text"/>	-	<input type="text"/>
RSA ID	Yes <input type="checkbox"/>	No <input type="checkbox"/>	ID/Passport no <input type="text"/>
Passport country of origin	<input type="text"/>		
Attach a copy of ID/passport (if you have an identity card, please submit a copy of the front and back of the card).			
Income Tax number	<input type="text"/>		
Marital status	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>
Spouse date of birth	<input type="text"/>	-	<input type="text"/>
Cellphone number	<input type="text"/>		Alternative number <input type="text"/>
<b>Residential address</b>			
Unit number	<input type="text"/>	Complex (if applicable)	<input type="text"/>
Street number	<input type="text"/>	Street/farm name	<input type="text"/>
Suburb/district	<input type="text"/>		
<b>Postal address</b>			
Unit number	<input type="text"/>	Complex (if applicable)	<input type="text"/>
Street number	<input type="text"/>	Street/farm name	<input type="text"/>
Suburb/district	<input type="text"/>		
City/town	<input type="text"/>	Postal code	<input type="text"/>
Personal email address	<input type="text"/>		

### Section 2: Exit detail (employer completes this section)

Exit Reason

Death

Date of Death:  -  -

Last contribution date:  -  -

### Section 3: Indebtedness to employer (employer completes this section)

If damages caused to the employer by the member according to section 37D of the Pension Funds Act, indicate amount to be deducted and provide proof of the court order or the written admission of liability by the member.

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*Personal indebtedness to the employer cannot be recovered from the Fund, e.g., study loans, maternity leave, etc.*

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## Section 4: Declaration by employer representative

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

First name	<input type="text"/>		
Surname	<input type="text"/>		
Contact number	<input type="text"/>	Cellphone number	<input type="text"/>
Employer name	<input type="text"/>		
Email address	<input type="text"/>		
Signed at	<input type="text"/>		

Signed on behalf of the Employer

Date

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Employer Stamp

Employer Stamp

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### Options to sign the form:

1. Print out the form, sign and scan it and send it back via email to the specific e/mail address for your Fund, at Momentum Corporate.
2. Place your scanned signature in the signature block.
  - Store your scanned signature in a safe place on your computer.
  - Select the 'comments' tab from your menu in Adobe.
  - Select the 'add stamp' icon.
  - Select custom stamps.
  - Create custom stamps.
  - You can now browse and upload your signature to save it as a custom stamp under 'sign here' in Adobe.
  - You can now go back to your 'stamps' icon and select 'sign here' and select your saved signature.
  - Place it in the document and save the document.

When you want to print the form to complete by hand you can turn off the field highlights by selecting the "highlight existing fields" on the top right-hand corner of your screen.

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