

Funeral Scheme Beneficiary Nomination Form

Member number

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Please complete the fields provided. Use the tab key to move from one field to the next.
Please note that this beneficiary nomination form will be used in respect of all Funeral benefits.

Section 1: Member details

Employer name												
Member Surname							Member first names					
Date of birth	D	D	-	M	M	-	Y	Y	Y	Y		
RSA ID:	Yes	☐	No	☐	ID/Passport number							
Home telephone number							Cellphone number					
Email address												
Marital status	Single	☐	Married	☐	Divorced	☐	Separated	☐				

Section 2: Main beneficiary Details

Your funeral benefit will be paid in accordance with your nomination.

I hereby nominate the following person for any benefits due to be paid in the event of my death by the Funeral scheme:

Surname	First names	Title	ID/Passport number	Date of birth	Contact telephone number	Relationship (e.g. spouse, partner, daughter, son, mother, friend, etc.)

In the event that the main beneficiary nominated above has passed away before the effective date of my death they will be excluded from receiving the portion he/she was nominated to receive and the following nominated beneficiary will receive any benefits payable:

Surname	First names	Title	ID/Passport number	Date of birth	Contact telephone number	Relationship (e.g. spouse, partner, daughter, son, mother, friend, etc.)

Notes:

- If there is any additional information that you would like us to know about, complete the field below.

Section 3: Member’s signature

If your circumstances change, for example you get married or divorced or have a child or a nominated beneficiary dies, and you want to change your beneficiary details, you must complete a new beneficiary nomination form.

By signing this form you declare that you understand that this beneficiary nomination form cancels all previous nominations, if any, that you have made with respect to your membership of the Funeral scheme.

I agree that Momentum Corporate may process all information that I provide on this form. I understand that the information will be processed in accordance with the Protection of Personal Information Act, 2013 and Momentum Corporate’s strict policies on protecting the confidentiality of my personal information.

I agree that Momentum Corporate may use my personal information to provide and administer retirement fund investment and insurance products and share my personal information with Momentum Corporate’s partners and contracted service providers, who are legally bound to protect the information. Click [here](#) to read the full consent document.

Signed at

Member’s signature

Date

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Y

Y

Please send a copy of this form to your human resources department to be kept in your file.

Options to sign the form:

Print out the form, sign and scan it and send it to your Human Resource department for safe keeping.

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 sign this form by inserting a digital signature it confirms that the information provided is true and correct.

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.