

Data Capture Form for Myriad

Momentum can only process an application if it is accompanied by a signed Electronic Transaction Authority form and a valid system generated quote.

Financial adviser details:

Initials and surname	Broker house code	Financial Adviser code	Commission or Pace reference number	Commission split %
Servicing adviser				%
Additional adviser				%
Additional adviser				%

Name of marketing adviser

Total premium ,

How to use this form

- This form is for new business only and may not be used for alterations.
- This form consists of 4 sections:
 - Information leaflet. This may be left with the client.
 - The Data Capture Form (DCF). This form does not need to be signed.
 - Electronic Transaction Authority (ETA). This form must be signed by all relevant parties.
 - Replacement Policy Advice Record (RPAR). This form only needs to be completed if a policy replacement is being done.
- New Multiply applicants must complete Section 6: Additional secondary role players/insured.
- Multiple lives
 - The ETA allows for multiple insured lives and policyholders.
 - The DCF only caters for one policyholder and one insured life. For cases with multiple insured lives and/or policyholders, please complete additional DCF/(s).
 - It is not necessary to complete additional DCF/(s) for additional insured lives for Funeral Benefits or Education Protectors. Details for these lives can be captured in Section 6.



Information leaflet

Thank you

Thank you for choosing Momentum, a leading provider of insurance and asset management services. We are able to offer you various financial products, services and solutions aimed at protecting your wealth, health and wellness. The Myriad product is a class leading protection plan which has been designed using a living product model. Simply put, any living benefit enhancements which we add to the product in future will automatically be applied to previously accepted policies as well. With Myriad, your benefits can only get better. (Some terms and conditions apply.)

General information

We encourage you to read this brochure as it will provide you with important information about the type of data we need about you and the way we process this data. In addition, you will find information about what to expect from us and what we expect from you during the application process.

Where you are asked to complete a Data Capture form, please use black ink and write in block letters and tick or complete answers as appropriate. Please help us by completing the forms honestly and in full. If you leave out any information or give us misleading information, it could delay the processing of your application, or worse still, it could result in a future claim not being paid. If you are uncertain about whether any particular fact would influence our decision, you should include it.

Please do not assume that we will always write to your doctor to obtain information about your health. It is therefore important that you disclose all relevant health information to us.

If someone else fills in forms for you please check that all details are correct before the forms are taken away.

Since it is possible for someone else to capture information about you onto our system, we want to ensure that you are aware of what has been captured on your behalf, so we will send you a copy of the quote, application information and the policy terms and conditions to an e-mail address that you need to nominate. You must review all of this information to make sure that what we have received is complete and correct, it is very important that you tell us if it is not. It is also very important to tell us if there is a change to any of the following between the time that you made the application and the time that we accept your policy:

- Your personal health
- Your family history
- Your occupation
- Your participation in any dangerous leisure activities
- Your travel or residence outside of South Africa
- Your lifestyle (smoking/alcohol consumption/drugs/etc)

If you do not, the policy may be cancelled and this will result in non-payment of a future claim.

The application process in a bit more detail

Step 1: You will have to sign an ETA form

You need to give Momentum consent to transact with you electronically and you will find the terms and conditions relating to this consent on an Electronic Transaction Authority form (ETA). We need you to accept these terms before we can proceed. Please read them carefully and if you agree, complete and sign the form and hand it back to your financial adviser who will ensure that we receive it. **If we do not receive the signed form, we cannot continue transacting with you.**

Step 2: We need to get specific information from you

We require information from you so that we can assess your application. We have two ways for you to supply us with this information. Your financial adviser will help you to choose the option that best suits you.

- You can complete a **Data Capture** form, which will be captured onto our systems on your behalf at a later stage.
- You can answer the questions online using our **Electronic Capturing** system.

Step 3: We will send you an SMS and a copy of your application, which you need to check

As soon as we have received all of your information and your signed ETA, we will send you an SMS to inform you that we have received your application. This SMS will contain additional information like your policy number and the e-mail address to which we have sent your documents.

We will also send you an e-mail, which will contain a copy of your quote, the completed application information and the policy terms and conditions.

For your own protection, you must check all of the information on the application form for errors or omissions. If you find any, you must let us know within 15 days of receipt of the SMS.

Important notes:

- Should you not receive an SMS within 7 days of completing Step 2, kindly contact your financial adviser who will investigate the delay.
- If you do not receive an e-mail with a copy of your application within 24 hours of receipt of the SMS, you must contact us or your financial adviser to request a copy.
- If we accept your application, our contract with you will be based on the information contained in this application form that we sent to you. If there is incorrect or missing information on this application form and you do not inform us, it may result in a future claim being refused.
- If you make more than one application to us at the same time, you will receive a separate SMS and application form for each application.
- We have a primary contractual obligation to the policyholder, so in the event of the insured life and the policyholder being different, please take note that we will share all of the application information with the policyholder.

Step 4: We will perform an initial risk assessment

Our underwriters will review your answers to all the application questions. Based on the results, you might be asked to provide us with additional information or undergo some medical examinations or tests. If additional information, medicals or tests are required, we will arrange these directly with you, unless you indicate on the application that you would prefer to see your own doctor or would like us to get information from another insurer (if applicable).

If you prefer to see your own doctor, we will let your financial adviser know what we need, who in turn will discuss this with you. You will be responsible for arranging these medicals or tests and either you or your doctor will need to make arrangements to send the results back to us. Your doctor will also have to submit his/her account to us for the services rendered.

Step 5: We will make a decision

Once we have received all of the information that we need, we will make a decision.

- Should we be in a position to accept your application at standard terms, you will receive an SMS informing you that your policy application has been accepted.
- Should we not be able to accept your application at standard terms, we will prepare a counter offer letter and forward this to your financial adviser, who in turn will discuss the details of our offer with you. If you decide to accept our offer, your financial adviser will notify us and you will receive an SMS advising you as soon as we have accepted your application.
- If you choose not to accept our counter offer, you will not be covered. However, your financial adviser may be able to discuss further options with you, which may include asking us to reassess the application.
- In certain instances we may not be able to offer you the cover that you have applied for. If this is the case, we will advise your financial adviser of our decision, so that he/she can consider alternative products that may be available to you.

Please note that although you may receive an SMS confirming that your application has been accepted, your cover will only commence as per the rules applicable to your specific choice of starting date (these rules are contained in the ETA and application terms and conditions and it is important that you discuss them with your financial adviser before making your selection).

Step 6: We will send you the contract

As soon as your policy has been accepted, we will send you your contract with details of:

- The cover that you have purchased
- The events that you will be covered for
- The terms and conditions that govern the policy

If you find anything missing or incorrect you must please immediately inform us by sending an e-mail to furtherinfo@momentum.co.za or calling +27 (0)87 742 7001. If you don't, it is likely to mean that a future claim will not be paid. Please ensure that you have the application form at hand before contacting us.

If you are not satisfied with the contract, you may cancel it within 30 days of us issuing it. You can do so by sending an e-mail to myriad@momentum.co.za, calling us on +27 (0)860 662 345 or sending us a fax to +27 (012) 675 3911.

If you would like more information about Myriad or any other Momentum product please do not hesitate to contact your financial adviser or call Momentum directly on +27 (0)861 300 789. You can also navigate to www.momentum.co.za, send an e-mail to finplan@momentum.co.za or SMS the word "contact" with your name and surname to 31522 (only applicable in South Africa).

Data capture form for Myriad

Complete additional forms as necessary for additional policyholders or insured lives.

Quote ref number

Section 1: Policyholder

Percentage ownership																							
Surname (as on ID)/Name of legal entity																Title							
First name (as on ID)																							
Second name (as on ID)																							
Previous surname(s)																							
Permanent ID/Passport number							Permanent ID number							Passport number									
Country of issue							Nationality																
Legal entity/Trust registration number							Contract language	English						Afrikaans									
Residential address																							
																Postal code							
Postal address																							
																Postal code							
E-mail address																							
Telephone - cellphone										Telephone - alternative													
Contact person in case of legal entity																							
Are you or the legal entity (whichever is applicable) currently insolvent, or have been liquidated, placed under administration or are there any processes pending for liquidation or administration?																Yes				No			
Are you or the contact person (in case of a legal entity), a politically exposed person?																Yes				No			
Is this policyholder also the insured life?																Yes				No			

If No, please complete Section 2. If Yes, skip section 2 and continue to Section 3.

Section 2: Insured life

Surname (as on ID)																Title							
First name (as on ID)																							
Second name (as on ID)																							
Previous surname(s)																							
Home language	English						Afrikaans																
Permanent ID/Passport number							Permanent ID number							Passport number									
Country of issue							Nationality																
Residential address																							
																Postal code							
Postal address																							
																Postal code							
E-mail address																							
Telephone - cellphone										Telephone - alternative													
Are you currently insolvent?																Yes				No			
Are you a politically exposed person?																Yes				No			

Section 3: Momentum Interactive

Please complete this section if you have applied for Momentum Interactive. All questions relate to the insured life.

1. Have you had any motor vehicle accident insurance claims during the last three years?

YesNo
2. What distance have you travelled by road in the last year, either as a driver or passenger?

km
3. Are you the regular driver of a vehicle insured with Momentum Short Term Insurance?

YesNo
4. How should we apply any discount that you may qualify for?

Reduce your premiumIncrease your cover

Section 4: Underwriting

All questions relate to the insured life.

A. Occupation

1. Description of your main duties
2. Percentage of working hours spent on

Travel

Admin

Supervision

Manual work
3. Name of employer/Company name
4. Industry in which you work
5. How many years have you been performing your current occupation?
6. How many years have you been employed by your current employer?
7. Does your occupation require you to work underground, offshore, at heights or are you exposed to any danger while performing your occupational duties?

YesNo

If Yes, please provide full details
8. Are you involved in any other occupation or do you intend to change your occupation within the next 6 months?

YesNo

If Yes, please provide full details

B. Foreign travel

1. Will your occupation require you to travel or reside outside the borders of your country?

YesNo
2. Do you have any intention of leaving the country (for a period of 1 month or more)?

YesNo
3. If Yes to either of these questions, please supply the name of the country(ies), the purpose of your visit, as well as the length of your stay:

C. Avocation

1. Do you, have you, or do you intend to take part in any of the following activities?

YesNo

If Yes, please select:

Aviation (other than as a fare paying passenger)

Parachuting

Underwater diving

Mountaineering

Motor sport

Powerboat racing

Extreme sports *

Any pursuit that could be considered dangerous *

*If selected, please provide full details.

D. Insurance history

1. Do you have any existing insurance?

YesNo

Please complete the table below, giving the total for which your life will be insured. In your calculation, please include all your existing cover plus the amounts on this application and any other simultaneous applications you are making and then deduct any amounts which you intend cancelling within the next four months.

Insurance	Life cover	Dread disease/ Critical illness	Occupational disability	Monthly disability income
Business				
Personal				
Group cover				
2. Has an insurer ever declined, postponed or withdrawn any of your benefit(s) applied for, or accepted it at an increased premium, or reduced the benefit(s) applied for, or issued a benefit subject to an exclusion clause?

YesNo

If Yes, please supply name of insurance company/ies.

Section 4: Underwriting (continued)

Replacement of insurance

3. Does this application replace the whole or any part of your existing insurance with any insurer (either immediately or to replace an insurance discontinued within the last four months or within the next four months)? Yes No

If Yes, please complete the table below and (South Africa only) a *Replacement Policy Advice Record*.

Insurer	Policy number	Life cover	Lump sum disability	Monthly disability income	Dread disease/critical illness

If this policy will be replacing cover on the same insured life on an existing Myriad policy or a Myriad policy lapsed within the past 12 months, then this application will need to be accompanied by a replacement approval letter from the Myriad Replacement Panel. Please contact your marketing adviser or your local sales office should you require assistance in obtaining this letter.

E. Habits, measurements and family history

1. Smoking habits within the past 6 months:
- Have not smoked 1 - 10 per day 11 - 20 per day 21 - 30 per day > 30 per day
2. Do you consume any form of alcohol? If Yes, please indicate the average number of units per week (1 unit = 1 bottle beer or 1 glass of wine or 1 tot of spirits). Yes No

1 - 10 per week 11 - 20 per week 21 - 30 per week > 30 per week

3. Have you ever received medical advice to stop/reduce alcohol intake and/or smoking? Yes No

If Yes, please provide full details.

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4. Height m Weight kg

5. Has your weight changed by more than 5 kg during the last year? Yes No

If Yes, please indicate how much it has changed by kg

Why? Exercise Diet Pregnancy Illness/Medical condition Other

6. Has any of your father, mother or siblings suffered from any hereditary disorder or major illness under the age of 60, as listed below? Yes No

If Yes, please complete table below.

✓	Disorder/illness:	No. of family members
	Cancer of the breast (Indicate age at diagnosis. If more than one family member, provide youngest age.)	Age
	Cancer of the colon (Indicate age at diagnosis. If more than one family member, provide youngest age.)	Age
	Cancer other than the above (Indicate age at diagnosis. If more than one family member, provide youngest age.)	Age
	Heart disease, raised cholesterol, CAD, hypertension/blood pressure, heart attack/bypass or stroke, chest pain	
	Diabetes	
	Depression, mental disorders	
	Alzheimers disease	
	Polycystic kidneys	
	Huntington's disease	
	Retinitis Pigmentosa	
	Other (Please indicate below.)	

F. Doctors/specialists/healthcare provider(s)

1. Please complete the name, surname and practice name of your regular doctor/specialist/healthcare provider. If you don't have a regular doctor, then please provide the details of a doctor whom we may send confidential correspondence to (if required).

Name and surname of doctor

Practice name

Practice telephone number

2. Are you a member of a medical aid? Yes No

If Yes, name of medical aid provider

Section 4: Underwriting (continued)

G. Medical history

Do you currently or have you ever suffered from any of the following?

1. Heart or blood circulation

Yes No

1.1	High blood pressure		1.2	Raised cholesterol		1.3	Palpitations	
1.4	Heart attack		1.5	Heart murmur		1.6	Rheumatic fever	
1.7	Stroke		1.8	Any cardiac procedure		1.9	Chest pain	
1.10	Ischaemic heart disease		1.11	Other				

2. Respiratory and/or lung complaints

Yes No

2.1	Asthma		2.2	Bronchitis		2.3	Tuberculosis	
2.4	Persistent coughing		2.5	Other				

3. Disorders of the digestive system, gall bladder, pancreas or liver

Yes No

3.1	Hepatitis A or Jaundice		3.2	Hiatus hernia		3.3	Gall stones	
3.4	Hepatitis B, C or E		3.5	Gastric ulcers		3.6	Pancreatitis	
3.7	Rectal bleeding		3.8	Other				

4. Disorders of the kidneys, bladder or reproductive organs

Yes No

4.1	Kidney stones		4.2	Bladder infection		4.3	Blood in the urine	
4.4	Protein in the urine		4.5	Prostate problems		4.6	Other	

5. Disorders of the central nervous system or mental disorders

Yes No

5.1	Brain disorders		5.2	Epilepsy		5.3	Blackouts	
5.4	Persistent migraine or headache		5.5	Multiple sclerosis		5.6	Neuralgia	
5.7	Parasthesia		5.8	Consultation with psychiatrist or psychologist				
5.9	Depression, stress or anxiety		5.10	Other				

6. Problems with your spine, joints, bones, muscles, limbs or skin

Yes No

6.1	Gout		6.2	Arthritis		6.3	Rheumatism	
6.4	Psoriasis		6.5	Dermatitis		6.6	Fractured/broken bones	
6.7	Back problems		6.8	Neck problems		6.9	Slipped disc	
6.10	Fibromyalgia		6.11	Arthroscopy		6.12	Other	

7. Disorders of the ear, nose, throat or eye, excluding conditions corrected by lenses or keratotomy

Yes No

7.1	Defective vision		7.2	Hearing loss		7.3	Hoarseness	
7.4	Other							

8. Diabetes, raised blood sugar, other endocrine, glandular, blood or hormonal disorders

Yes No

8.1	Bleeding disorders		8.2	Anaemia		8.3	Thyroid problems	
8.4	Diabetes/sugar in urine		8.5	Raised blood sugar		8.6	Other	

9. Any form of malignant cancer, growth or tumour, whether removed or existing

Yes No

9.1	Skin		9.2	Breast		9.3	Bowel	
9.4	Liver		9.5	Lung		9.6	Brain	
9.7	Prostate		9.8	Other				

Details of medical condition/problem

If you ticked Yes to any of the conditions above, please provide us with more detail in the table below.

Q no	Condition/impairment detail	Doctor initial and surname	On treatment?		Last symptoms						Fully recovered?	
			Yes	No	M	M	Y	Y	Y	Y	Yes	No
			Yes	No	M	M	Y	Y	Y	Y	Yes	No
			Yes	No	M	M	Y	Y	Y	Y	Yes	No
			Yes	No	M	M	Y	Y	Y	Y	Yes	No
			Yes	No	M	M	Y	Y	Y	Y	Yes	No

Section 4: Underwriting (continued)

G. Medical history (continued)

Do you currently or have you ever suffered from any of the following?

10. Any form of benign cancer, growth or tumour, whether removed or existing

Yes No

10.1	<input type="text" value="Moles or lumps"/>	10.2	<input type="text" value="Fibroadenoma"/>	10.3	<input type="text" value="Sun spots/solar keratosis"/>
10.4	<input type="text" value="Sebacious cysts"/>	10.5	<input type="text" value="Lumps/cysts in breast"/>	10.6	<input type="text" value="Other"/>

11. Have you ever sought medical advice, including from any specialist, or undergone any medical examination in the past five years for any condition not already mentioned?

Yes No

11.1	<input type="text" value="ECG"/>	11.2	<input type="text" value="Scans"/>	11.3	<input type="text" value="X-rays"/>
11.4	<input type="text" value="Specialised laboratory tests"/>	11.5	<input type="text" value="Tumour markers"/>	11.6	<input type="text" value="Genetic testing"/>
11.7	<input type="text" value="Had an operation or been a patient at any medical facility"/>			11.8	<input type="text" value="Angiogram"/>
11.9	<input type="text" value="Other"/>				

12. Have you ever been tested for or received medical advice or treatment for AIDS, or infection by one of the HI-viruses or sexually transmitted diseases?

Yes No

12.1	<input type="text" value="HIV test - negative result"/>	12.2	<input type="text" value="HIV test - positive result"/>	12.4	<input type="text" value="Sexually transmitted disease"/>
12.4	<input type="text" value="Other"/>				

13. Do you have any intention of having medical investigations, procedures or check-ups done in the next 6 months?

Yes No

13.1	<input type="text" value="For conditions that you have already specified in the preceding questions"/>				
13.2	<input type="text" value="For any other condition or symptoms that you have not told us about"/>				

14. Have you ever taken drugs, tranquilisers, medicines or tablets for any reasons other than the conditions already mentioned? (You can disregard medications for colds or flu, over the counter medication or oral contraception.)

Yes No

14.1	<input type="text" value="Antidepressants"/>	14.2	<input type="text" value="Homeopathic medicines"/>	14.3	<input type="text" value="Anabolic steroids"/>
14.4	<input type="text" value="Cannabis"/>	14.5	<input type="text" value="Cocaine"/>	14.6	<input type="text" value="Any other substance"/>

15. Have you ever been advised to, or participated in a rehabilitation programme for drug abuse?

Yes No

If Yes, please provide full details:

16. Do you, or have you had any other illness, disorder, disability or accident (including MVA) not disclosed elsewhere in this application, or have you been medically boarded or submitted claim(s) for disability, critical illness or third party benefits?

Yes No

If Yes, please provide full details.

Details of medical condition/problem

If you ticked Yes to any of the conditions above, please provide us with more detail in the table below.

Q no	Condition/impairment detail	Doctor initial and surname	On treatment?		Last symptoms						Fully recovered?	
			Yes	No	M	M	Y	Y	Y	Y	Yes	No
			Yes	No	M	M	Y	Y	Y	Y	Yes	No
			Yes	No	M	M	Y	Y	Y	Y	Yes	No
			Yes	No	M	M	Y	Y	Y	Y	Yes	No
			Yes	No	M	M	Y	Y	Y	Y	Yes	No
			Yes	No	M	M	Y	Y	Y	Y	Yes	No
			Yes	No	M	M	Y	Y	Y	Y	Yes	No

H. Medical tests at your convenience

1. Please indicate your preference for obtaining medical information for underwriting.

Momentum doctor/nurse to come to you *

I will arrange the medicals myself

Please get medicals from other insurer **

* This service is only available in selected areas. Someone from Momentum will call you to confirm if it is possible to arrange an appointment, as well as the date, time and place for this appointment.

** This option is only available if those medicals were performed within the past 12 months.

2. Name of insurer

Policy no.

Section 5: Additional questions for income benefits

Complete this section only if you are applying for one or more of the following benefits: Income protector; Temporary income protector; Business protector; Business overheads expenses benefit or Retrenchment waiver benefit.

You only need to complete the applicable parts:

- If you are self-employed, a business owner or a self-employed/fee earning professional, complete part A.
- If you are an employee of a company, complete part B.
- If you are applying for a business overheads expenses benefit, complete part A and part C.

When completing the income questions below, please use the following definitions to calculate the income amount you should declare.

- **Gross taxable income (taxable income)**
This is the taxed income or benefits that you receive on account of your employment, or any services that you deliver.
- **Cost to company income (gross taxable income plus drawings)**
This is the gross taxable income plus drawings in the form of dividends. It includes the value of the use of a motor vehicle, as well as your employer's contributions to a medical scheme and/or a pension fund, and the cost of any other benefits paid for by your employer.
- **Gross professional income (for professionals that charge a fee for service)**
This is the sum of the professional fees that you charge and the net income from trading activities after deducting your business overhead expenses.

A. Self-employed, business owner or self-employed/fee earning professional

- How many years have your business been trading?
- How many years have you owned the business?
- Is this a family business? Yes No
- Is the business based at your home? Yes No
If Yes, do you have business rights to operate from your home? Yes No
- How many partners/business associates do you have?
- How many of your employees/partners/business associates are capable of performing your job?
- What is your percentage share in this business?
- How many permanent employees do you have (excluding temps, contractors or seasonal workers)?
- Are you aware of any processes pending against your business for liquidation/administration or debt review? Yes No
If Yes, please provide full details.
- What was your gross taxable income or cost to company income or gross professional income during the past 12 months?
(Refer to definitions of income above, before answering.)
- 10.1 Was any of this income based on commission? Yes No
If Yes, how much commission did you earn during the past 12 months?
- 10.2 Will you continue to receive income from other sources if you are unable to work (such as rent, investments, shareholdings in other companies, etc.)? Yes No
If Yes, how much income did you earn from this source(s) during the past 12 months?
- 10.3 Do you anticipate/expect your income to decrease in the next 12 months? Yes No
If Yes, please provide full details.
11. Please complete the table indicating the amount of income protection benefit already in force:

Benefit	Monthly amount	Waiting period (days)	Payment period (months)
Income Protector			
Temporary Income Protector			
Business Cover/Business Protector/Business Overheads Expenses			

Section 5: Additional questions for income benefits (continued)

B. Employee

1. What type of employment contract do you have with your employer? (Please choose one.)

Full time, permanent employee

Contractor/Seasonal/Part time/Casual

Other

Are you entitled to paid sick leave?

Yes

No

If Yes, please provide full details.

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2. Are you aware of any retrenchments being planned by your employer?

Yes

No

If Yes, are you likely to be affected by this?

Yes

No

3. What was your gross taxable income or cost to company income or gross professional income during the past 12 months?

(Refer to definitions of income above, before answering)

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- 3.1 Was any of this income based on commission?

Yes

No

If Yes, how much commission did you earn during the past 12 months?

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

- 3.2 Will you continue to receive income from other sources if you are unable to work (such as rent, investments, share-holdings in other companies, etc.)?

Yes

No

If Yes, how much income did you earn from this source(s) during the past 12 months?

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

- 3.3 Do you anticipate/expect your income to decrease in the next 12 months?

Yes

No

If Yes, please provide full details.

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4. Please complete the table indicating the amount of income protection benefit already in force:

Benefit	Monthly amount	Waiting period (days)	Payment period (months)
Income Protector			
Temporary Income Protector			
Business Cover/Business Protector/Business Overheads Expenses			

C. Business overhead expenses

1. Please complete the table below indicating how much the business pays towards the following expenses per month:

Expense	Amount
Rent or mortgage bond repayment	
Property taxes	
Electricity	
Water	
Telephone(s)	
Regular maintenance services	
Equipment leasing costs	
Insurance premiums	
Accounting fees	
Staff salaries	
Other (please specify)	

2. What percentage of the business turnover is generated from the sale of goods?

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3. What is your percentage share of these overheads?

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Section 6: Additional secondary role players/insured lives

Complete this section only if the application includes one or more of the following benefits: Funeral benefit; Education Protector or Momentum Multiply.

A. Insured life or role player details

Except for Momentum Multiply, you may only include the biological or legally adopted children of an underwritten insured life or the biological parents, adoptive parents or the parents-in-law of an underwritten insured life on this policy.

Name and surname	Gender	Identity number/Passport number												Benefit number		

B. Funeral benefit health question

Complete if you have applied for a funeral benefit

1. Have any of the children of the insured lives or extended family of the insured lives, to your knowledge, ever been hospitalised, received treatment for any chronic condition or seen a specialist in the last year? Yes No

If Yes, please provide full details (including name of insured life and medical condition or impairment)

Section 7: Beneficiary

1. Will this policy be ceded? Yes No

If Yes, please also ensure that you complete a separate *Cession form*.

To nominate beneficiary(ies) for proceeds or a beneficiary for ownership, complete the following table:

- Beneficiary(ies) for proceeds may only be nominated if the policy contains a death, retirement provider or savings benefit.
- Beneficiary for ownership can only be nominated if the policy has more than one insured life, in which case you may also only nominate one beneficiary for ownership.
- In the case of a funeral benefit, please avoid nominating the estate, as it will result in unavoidable delays in the payment of the proceeds.

First name and surname or name of legal entity	Identity number or registration number	Relationship to applicant		Share of benefits/ownership					
				Benefit no.	%	Benefit no.	%	Benefit no.	%
			Proceeds						
			Proceeds						
			Proceeds						
			Proceeds						
			Proceeds						
			Proceeds						
			Proceeds						
			Proceeds						
			Ownership						

Section 8: Premium

Name of bank account holder																														
ID or registration number of the account holder																														
If applicable, name of designated signatory in the case of a legal entity or trust																														
If applicable, position held by designated signatory																														
Is the account holder or designated signatory a politically exposed person?																										Yes	No			
Contact number																														
Bank																														
Account number																														
Account type	Cheque										Savings										Transmission									
Branch																														
Branch code																														
Premium deduction date (1 - 31)																														

Amendments to this ETA, with the exception of the quote reference number, must be signed for.

[illegible]

Please note: The information requested below is compulsory and must be completed.

I hereby instruct Momentum to e-mail the application documents to:

[illegible]

I hereby instruct Momentum to send SMS communication in respect of the application process to:

Cell phone number

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Please read the conditions relating to Free cover below and then select one of the following options.

Automatic starting date - *The starting date will be the first day of the month following the acceptance of the benefits.*

Fixed starting date 0 1 - M M - 2 0 Y Y

or

Starting date to be advised

Free cover

Free cover is only available if you select:

- An automatic starting date, or
- A fixed starting date, but Momentum moves your chosen starting date forward because the processing of your application is delayed.

Free cover will not be available until you advise us of your starting date, and then only if you choose:

- An automatic starting date, or
- A fixed starting date, but Momentum moves your chosen starting date forward because the processing of your application is delayed.

Immediate Cover

Immediate cover is only available from the time that Momentum confirms receipt of the application.

Question to the representative – To be discussed with policyholder and answered in any event:

Does this proposal constitute replacement of an investment policy with a recurring premium investment or risk policy that will lead to or has led to the levying/deduction of a termination charge (causal event charges and administration charges) of more than 15% of the replaced policy's fund value? Refer to the definitions in Part 3 of the Regulations of the Long-Term Insurance Act, 1998 (commission regulations).

Yes

No

- The signed Electronic Transaction Authority (ETA) form permits electronic transactional functionality, including the electronic submission of information to conclude a transaction, between you, your accredited financial adviser and Momentum (meaning MMI as well as all of its current or future subsidiaries or successors in title).
- “Transaction” includes any contract, application, revival, alteration, variation, claims or servicing change to any contract.
- The policyholder may cancel the ETA by written notice/representation to Momentum.
- The policyholder may not sign any blank or partially completed form relating to an insurance transaction where another person will be required to fill in other detail.
- The policyholder/insured life acknowledges and understands that not disclosing important information that could impact on the assessment of his/her/their risk, may result in transactions being voided or cancelled, and benefits terminated.
- Any medical information not disclosed in a document forming part of Momentum’s application process, whether orally or in writing, may constitute material non-disclosure. If the information was disclosed to a medical practitioner practising for his/her own account, this practitioner will not act as an agent of Momentum. The policyholder/insured life would still need to disclose this information to Momentum.

- Replacing any of your insurance could harm you in various ways. Your financial adviser has a duty to discuss these consequences with you before he/she may ask you to sign this document.

Policyholder declaration

- I declare that I am fit to contract with Momentum and that I am not insolvent, under administration or pending liquidation or administration.
- I have read the quotation(s) with unique quote reference number(s) as completed above and I confirm that my financial adviser has explained its/their contents and I agree that it/they are binding.
- I confirm that I have received and read the content of the Information leaflet explaining how Momentum's application and underwriting process will work.
- I understand that as soon as Momentum receives all the relevant information furnished in the proposal for an insurance policy, Momentum will send an SMS and e-mail a copy of the quote, application information and terms and conditions relevant for the issue of a policy contract to the contact details I have supplied above. In the rest of the form, these documents are referred to as the application documents.
- I understand that, if I do not receive the SMS and/or e-mail, it is my responsibility to seek from Momentum or my financial adviser a copy of the application documents.
- I acknowledge and understand that the duty then lies with me to verify all the information in the application documents and to immediately inform Momentum if any of this information is incomplete or incorrect. This information will be regarded as material to the assessment of the insured life/lives risk and will form the basis of the policy contract.
- I will comply with all reasonable requests and instructions from Momentum in respect of underwriting protocols.
- I accept that any policy Momentum may issue arising from this application will be subject to standard terms and conditions. In any dispute surrounding a policy transaction, the terms and conditions of the policy contract shall prevail. (Momentum will provide these standard terms and conditions to you when we send you a copy of the application form and again when the policy contract is issued.)
- I understand that, by law, I need the written consent of my spouse if I am married in community of property and I want to nominate a beneficiary for proceeds or beneficiary for ownership of the policy other than my spouse. If applicable, I declare that I obtained my spouse's written consent before signing this ETA.
- If I find that this policy or any of the benefits that it contains are not what I require, I may cancel it. I will do so by informing Momentum in writing within 30 days of the date that I receive the welcome letter and policy document or 60 days from the starting date of this policy, whichever occurs first. Momentum will refund any premiums that I have paid, as long as it has not yet paid any benefit and I have not claimed a benefit and an insured event has not yet occurred. Momentum will, however, deduct the cost of any risk cover that I enjoyed and, where applicable, the costs of investment losses and/or currency fluctuations.

Life insured declaration

- I consent to being an insured life on this proposal for an insurance policy and understand that my application data will be made available to the policyholder and Momentum, to which I do not object.
- I warrant that all information provided electronically, telephonically or in writing in the proposal for an insurance policy, and in any other documents signed or to be signed by me in connection with the proposal is true and correct. This includes information submitted in response to a counterproposal.
- I shall comply with all reasonable requests and instructions issued by Momentum in respect of underwriting protocols. I understand that I may be required to undergo an HIV test.

Premium payer declaration

- I authorise Momentum to debit the specified bank account with any premium amounts payable as agreed in terms of the policy contract. Momentum will contact me to first obtain my consent for an instruction received regarding an ad hoc premium increase, excluding any standard premium escalations as initially agreed upon.
- If I am acting on behalf of a legal entity/trust, I hereby declare that I have a mandate and am duly authorised to act on behalf of the legal entity/trust.
- I accept that Momentum may debit the specified bank account on a date other than selected. I further accept that all premiums are payable in advance and that should a deduction date on or after the 21st be selected, the first premium will be deducted in the month before the policy commences. If the policy is accepted after the specified deduction date, but before the starting date of the policy, Momentum will make a double deduction in the first month of the policy.
- If the bank account details are changed at any time, I will notify Momentum of the change and I authorise Momentum to verify the bank details with the bank.

Consent

- The policyholder/insured life accepts and understands the limitation of their right to privacy by signing this ETA. To enable the assessment of the risks and the calculation of the premium and to assist in considering any claim for benefits, the policyholder and/or the insured life authorises Momentum to:
 - Obtain from any person, other insurer, medical aid, medical practitioner/institution any information that Momentum requires to underwrite this application and/or for claims arising from this policy. The policyholder/insured life authorises such person(s) to give the information to Momentum, and
 - Share with other insurers any information in this application or in any related policy or other document, either directly or through a database operated by or for insurers as a group, at any time (even after my death) and in such detailed, abbreviated or coded form as Momentum or the operators of such database may decide from time to time, and
 - Disclose my medical information to any parties that Momentum uses in providing services in connection with the policy.The policyholder/insured life acknowledges that this authorisation cannot be cancelled and that it will endure after their death.
- The policyholder/insured life agrees to notify Momentum in writing if a change takes place in the personal health, family history, occupation, participation in any hazardous pursuits, travel or residence and lifestyle (smoking, alcohol consumption, taking of drugs, etc.) of the insured life/lives between the date of the application and either the starting date of the policy, or the acceptance date, whichever occurs last. Where Free cover is applicable, the duty to disclose any changes terminates on the acceptance date. Failure to disclose these changes may result in the cancellation of the benefits and premiums paid may be used to offset expenses incurred by Momentum.

Momentum will take all reasonable steps to ensure the security and confidentiality of the information submitted. Momentum also ensures the integrity and security of its electronic data systems and warrants that it will comply with all relevant legislation relating to electronic communications. However, Momentum will accept no liability for loss or damages of any nature resulting from:

- ## Financial adviser declaration – general

- ### Financial adviser declaration – replacement of insurance

- ### Financial adviser declarations applicable to South Africa only

- I declare that I am fully conversant with and accept the disciplinary protocol of the Association for Savings and Investment South Africa (ASISA) and the consequences thereof.

- I confirm that I have been issued with the following licences to render this financial service (as applicable to each relevant benefit) under Section 7(3) of the Financial Advisory and Intermediary Services Act (FAIS) No. 37 of 2002:
- Long-term Insurance Category 1:
 - Category 1.3 – Long-term Insurance subcategory B1
 - Category 1.4 – Long-term Insurance subcategory C
 - Category 1.5 – Retail Pension Benefits

- I confirm that I have identified the client including the policyholder, insured life/lives, premium payer and cessionary, where applicable, and verified his/her/their details on this contract under the requirements that Section 21 of the Financial Intelligence Centre Act No 38 of 2001 sets out. I further confirm that, in terms of Section 22 of the same Act, I have stored all the verification documents.

- I declare that this ETA and all terms and conditions shall bind me and will apply in all future dealings with Momentum.

In the event that the policyholder is under the age of 18, this form must be signed by the policyholder's legal guardian.

Life insured		Policyholder		Premium Payer	
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Date - -

Life insured		Policyholder		Premium Payer	
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Date - -

Contract roleplayer(s) signature

Name and surname																				
Please indicate the role(s)	<input type="text"/>					<input type="text"/>					<input type="text"/>									
Signature	<input style="height: 40px;" type="text"/>																			
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"/>	<input type="text"/>	<input type="text"/>								

[illegible]

Name and surname																										
Please indicate the role(s)	<input type="checkbox"/> Life insured					<input type="checkbox"/> Policyholder					<input type="checkbox"/> Premium Payer															
Signature																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"/>

[illegible]**Financial adviser(s) signature**[illegible]

REPLACEMENT POLICY ADVICE RECORD

(To be completed in consultation with your representative – please note that this does not serve as a cancellation of the replaced policy; you must advise the insurer in writing about cancellation of a policy.)

Name and surname of policyholder	
ID no. of policyholder (or registration number in the case of juristic persons)	
Name and surname of representative	
Full name of FSP (brokerage or insurer)	
FSP Number	

New policy

Type of policy (please tick)	Policy or application number	Insurer
Investment Risk		
Investment Risk		
Investment Risk		

Policy being replaced

Type of policy (please tick)	Policy or application number	Insurer
Investment Risk		
Investment Risk		
Investment Risk		

1. Reasons why replacement may not be advisable

If you do replace any policy, we want to ensure that you make an informed choice. Please mark with an 'X' in each block below to indicate that the following information has been carefully discussed with you by your representative:

- ☐ You will **pay some charges and fees twice** (e.g. commission, underwriting expenses and other initial charges levied by the insurer) – initially on the existing policy and once again on the new policy.
- ☐ You may **pay higher premiums** for risk (or a bigger part of the premium) on the new policy because you are older now or your health situation may have changed.
- ☐ Your new policy may not have the same **life cover or premium** guarantees as the existing policy. Check the period for which the life cover or other cover amounts are guaranteed before the insurer is entitled to change your premiums or reduce or remove cover.
- ☐ Your new policy may not have the same **investment performance guarantees** as the existing policy (if applicable).
- ☐ Your new policy may have **more exclusions, restrictions or waiting periods** particularly if your health has deteriorated.
- ☐ You may **lose the tax advantage** of your existing policy (if applicable).
- ☐ The amount of money that you can withdraw under the new policy may be less (if applicable). A new policy will usually have legal restrictions on access within the first five years.
- ☐ The surrender value or paid up value of your existing policy may be as low as 60% of the policy value before the change, and could be even less than premiums paid in since **unrecovered initial expenses** must first be deducted. Check what charges you will be paying on termination of the old policy and see whether the advantages of the new policy will make up for any such charges.
- ☐ The investment risk under the new policy may be higher. Remember that the past performance of a fund or asset manager of a fund is not necessarily an indication of future performance.
- ☐ The representative informed you **whether the existing/terminated policy could be amended** to provide similar benefits to the replacement policy.
- ☐ If such amendment is/was possible, your representative discussed with you **why it is appropriate that the terminated policy be replaced** by the replacement policy necessarily an indication of future performance.

2. To be completed if the new business was effected via electronic business:

Was the replacement policy effected as a result of the internet telephone direct marketing

2.1 Please indicate the date, time of the phone call/negotiation and (if applicable) reference number:

Date - - Time : Ref no.

2.2 There may be more factors regarding replacements that could influence your decision.

Do you require any further advice? Yes No

3. Declaration

(Signatures compulsory unless the replacement policy was effected as a result of the internet, telephone or direct marketing.)

Representative

I confirm that I have taken all reasonable steps to confirm that the information in this Replacement Policy Advice Record (RPAR) is true and correct. I confirm that in pursuance of my advice to the policyholder to replace the policy(ies) mentioned in the RPAR. I have fully discharged my duties as set out in section 8 (d) of the General Code of Conduct for Authorised Financial Services Providers and their Representatives (the Code) and have retained a record of such advice as required by section 3 of the said Code.

Name

SignatureDate - - **Policyholder**

I confirm that the representative has fully explained the consequences of the replacement of the policy(ies) mentioned in this Replacement Policy Advice Record and I understand the consequences of such replacement(s).

Name

Contact telephone number and/or e-mail address

SignatureDate - -