

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 - - 20

Contract roleplayer(s) signature

Name and surname	<input type="text"/>																																						
Please indicate the role(s)	<input type="text"/> Life insured													<input type="text"/> Policyholder													<input type="text"/> Premium Payer												
Signature	<input type="text"/>																																						
Date	<input type="text"/> D	<input type="text"/> D	-	<input type="text"/> M	<input type="text"/> M	-	<input type="text"/> 2	<input type="text"/> 0	<input type="text"/> Y	<input type="text"/> Y																													

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Financial adviser(s) signature

Servicing intermediary contact telephone number	<input type="text"/>													<input type="text"/>												
Financial adviser name and surname	<input type="text"/>																									
Signature	<input type="text"/>																									
Date	<input type="text"/> D	<input type="text"/> D	-	<input type="text"/> M	<input type="text"/> M	-	<input type="text"/> 2	<input type="text"/> 0	<input type="text"/> Y	<input type="text"/> Y																