

## Exercising an option on an existing policy

Quote ref number

Title	<input type="text"/>	First name	<input type="text"/>
Second name	<input type="text"/>		
Surname	<input type="text"/>		
Date of birth	<input type="text"/>		

Only complete one of the following applicable sections.

### Section 1: Momentum Collective Benefits or FundsAtWork continuation option

Employer name	<input type="text"/>
Group scheme name	<input type="text"/>
Date of termination of service	<input type="text"/>

To be completed by the administrator:

Scheme administrator	MCB <input type="text"/>	FAW <input type="text"/>
----------------------	--------------------------	--------------------------

Cover available for conversion:

Life cover amount	<input type="text"/>	Terms	<input type="text"/>
Spouse's cover amount	<input type="text"/>	Terms	<input type="text"/>
Lump sum disability amount	<input type="text"/>	Terms	<input type="text"/>
Dread disease amount	<input type="text"/>	Terms	<input type="text"/>
PHI cover amount	<input type="text"/>	Terms	<input type="text"/>
Termination age	<input type="text"/>	WP <input type="text"/>	Level of benefit <input type="text"/> % Benefit escalation <input type="text"/> %
Did the member undergo an HIV test?	Yes <input type="text"/>	No <input type="text"/>	
Expiry date of continuation option	<input type="text"/>		
We are unable to furnish the required information because of	Member not on record <input type="text"/>	Member has claimed <input type="text"/>	
	Fund terminated <input type="text"/>	Cover not available <input type="text"/>	Other <input type="text"/>
If Other, please specify	<input type="text"/>		

Name of person completing form	<input type="text"/>
Designation	<input type="text"/>
Telephone number	<input type="text"/>

Scheme administrator's signature

Date 

### Section 2: Conversion option on a traditional Momentum policy

Policy number	<input type="text"/>	Policy range	<input type="text"/>
---------------	----------------------	--------------	----------------------

Benefits:

Life cover	<input type="text"/>	Lump sum disability	<input type="text"/>
Dread disease	<input type="text"/>	Premium waiver	Yes <input type="text"/> No <input type="text"/>
Cover increase	<input type="text"/> %	Policy termination date	<input type="text"/>
Have you claimed against any of the benefits on this policy?	Yes <input type="text"/> No <input type="text"/>		

### Section 3: Future cover or Guaranteed insurability option on traditional Momentum policy

Type of option to be exercised	<input type="text" value="Future cover"/>	<input type="text" value="Guaranteed insurability"/>
Policy number of carrier policy	<input type="text" value=""/>	Policy range <input type="text" value=""/>
Have you claimed against any of the benefits on this policy?	<input type="text" value="Yes"/>	<input type="text" value="No"/>

Please select the event that you are exercising the option for:

**Benefit anniversary** 10% ☐

*The option must be exercised within 60 days of the benefit anniversary date.*

**Marriage** 50% ☐

*A certified copy of the insured life's marriage certificate is required.*

**Death of a spouse** 25% ☐

*A certified copy of the spouse's death certificate and marriage certificate is required.*

**Divorce** 25% ☐

*A certified copy of the insured life's legal divorce papers is required.*

**New child dependent or legally adopted child** 25% ☐

*A certified copy of the birth certificate or legal adoption papers of the child is required.*

**Dependant child suffering from a severe functional impairment requiring full time assistance** 25% ☐

*A certified copy of the birth certificate or legal adoption papers of the child as well as medical proof indicating the cause of the functional impairment is required.*

**Mortgage bond registration or increase in existing mortgage bond** 100% (limited to mortgage bond amount or increase in existing mortgage bond) ☐

*Proof of registration of a mortgage bond is required.*

**Purchasing of vehicle** 100% (limited to loan amount) ☐

*Proof of purchase of a vehicle is required.*

**Starting employment in chosed field of study for the first time** 50% ☐

*A certified copy of a letter of employment and proof of the insured life's qualifications is required.*

**Starting a new business venture or obtaining a share in a business venture** 100% (limited to increase in liability) ☐

*A copy of the financial needs analysis report, a letter from the bank and financial statements signed by the business owner is required.*

**Enter into professional partnership** 100% (limited to interest in the partnership) ☐

*A copy of the financial needs analysis report, a letter from the bank and financial statements signed by the business owner is required.*

**Salary increase of 10% or more for salaried insured lives only** 25% ☐

*A certified copy of the increase letter from the life insured's employer or an official salary slip is required.*

Signature of policyholder	<input type="text" value=""/>	Date <input type="text" value="D D - M M - 2 0 Y Y"/>
---------------------------	-------------------------------	---