

Guaranteed Endowments and Traditional Annuities

APPLICATION FOR:

A: **Income Plan** ☐ Guaranteed Endowment: Income Plan

B: **Growth Plan** ☐ Guaranteed Endowment: Growth Plan

C: **Life Annuity** **Standard** **Inflation-linked** **Rate Protector**

Single-life ☐ or ☐ or ☐

Joint-life ☐ or ☐ or ☐

D: **Capital Protector**

Single-life ☐ or ☐ or ☐

Joint-life ☐ or ☐ or ☐

E: **Other Annuity**

Term-certain ☐ or ☐

Temporary ☐ or ☐

For office use

Policy number

Client name

Investors should read the applicable Terms and Conditions and Fee Schedule together with this application form prior to signature, as these documents contain the principle terms, conditions and disclosures of the contract.

A B C D E

Section 1: Financial adviser

The advice split below applies to the entire investment contract

* Please complete the details of the preferred financial adviser.

Name	Financial adviser's code	Broker house code	Advice fee ref no	Advice fee split %
*				

Are you registered to market life insurance under the Life Offices' Association and are you fully conversant with and do you accept the 'S' reference system and the consequences of this?

Yes ☐

No ☐

Declaration by financial adviser

- I declare that I have explained and handed to the investment owner the applicable terms and conditions relevant to the investment agreement prior to the signature of the application form.
- I declare that I have explained to the investment owner the meaning, implications and potentially detrimental consequences of replacing an insurance policy.
- I am willing to provide financial advice, including ongoing advice, to the client in respect of the product.
- I acknowledge that notwithstanding any prior agreements with the client I will, in relation to the product, only be entitled to recover the advice fee from Momentum on condition that I have rendered advice to the client in accordance with my undertaking towards the client.
- Considering the level of advice required by the client as stipulated in my undertaking towards the client, I propose that the advice fee set out in section 8 is a reasonable advice fee.
- I acknowledge that Momentum will be entitled to pay the advice fee in arrears on a monthly basis and will be entitled to immediately cease further payments in the event of the cancellation of my mandate to provide advice to the client.
- I hereby confirm that I am a ☐ Category I License holder as defined by the Financial Advisory and Intermediary Services Act, No 37 of 2002.
☐ Category II License holder as defined by the Financial Advisory and Intermediary Services Act, No 37 of 2002.

FICA declaration

I confirm that I have identified the client, including the investment owner, insured life/lives, contribution 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 I have stored all the verification documents in terms of section 22 of the same Act.

Yes ☐

No ☐

Signature of preferred financial adviser <input type="text"/>		Date <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - 20 <input type="text"/> <input type="text"/>
Marketing adviser's name <input type="text"/>	Marketing adviser's code <input type="text"/>	
Branch name <input type="text"/>	Telephone number (code - number) <input type="text"/>	
E-mail address <input type="text"/>	Fax number (code - number) <input type="text"/>	

Section 5: Insured life/Annuitant (if different from investment owner)

Attach a copy of the identity document

Title	<input type="text"/>	Initial/s	<input type="text"/>	First name	<input type="text"/>
Surname	<input type="text"/>				
Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Correspondence language:	English <input type="checkbox"/>	Afrikaans <input type="checkbox"/>
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Nationality <input type="text"/>
Identity number	<input type="text"/>	<input type="text"/>	<input type="text"/>	RSA ID:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Postal address	<input type="text"/>				Postal code <input type="text"/>
Residential address	<input type="text"/>				Postal code <input type="text"/>
Please use the above addresses for correspondence about this policy only					
Telephone - work (code - number)	<input type="text"/>	Fax - work (code - number)	<input type="text"/>		
Telephone - home (code - number)	<input type="text"/>	Fax - home (code - number)	<input type="text"/>		
Cellphone number	<input type="text"/>				
E-mail address	<input type="text"/>				

Section 6: Second insured life

Attach a copy of the identity document - make copies of this section and attach these if there are more than two insured lives

Title	<input type="text"/>	Initial/s	<input type="text"/>	First name	<input type="text"/>
Surname	<input type="text"/>				
Place of birth	<input type="text"/>				
Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>			
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Nationality <input type="text"/>
Identity number	<input type="text"/>	<input type="text"/>	<input type="text"/>	RSA ID:	Yes <input type="checkbox"/> No <input type="checkbox"/>

Section 7: Co-annuitant

Attach a copy of the identity document

Title	<input type="text"/>	Initial/s	<input type="text"/>	First name	<input type="text"/>
Surname	<input type="text"/>				
Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>			
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Nationality <input type="text"/>
Identity number	<input type="text"/>	<input type="text"/>	<input type="text"/>	RSA ID:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Postal address	<input type="text"/>				Postal code <input type="text"/>
Residential address	<input type="text"/>				Postal code <input type="text"/>
Please use the above addresses for correspondence about this policy only					

Section 8: Premium/Contribution payer

Personal details (if the same as investment owner or transferring fund, only complete Payment information and Account information)

Title	<input type="text"/>	Initial/s	<input type="text"/>	First name	<input type="text"/>
Surname/Name of legal entity	<input type="text"/>				
If a legal entity, the type of legal entity	<input type="text"/>				
Contact person in case of legal entity	<input type="text"/>				
Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Correspondence language:	English <input type="checkbox"/>	Afrikaans <input type="checkbox"/>
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Nationality <input type="text"/>
Identity/Registration number	<input type="text"/>			RSA ID:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Marital status:	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Separated <input type="checkbox"/>	Divorced <input type="checkbox"/>	Widowed <input type="checkbox"/>
Postal address	<input type="text"/>				
	<input type="text"/>				Postal code <input type="text"/>
Residential address	<input type="text"/>				
	<input type="text"/>				Postal code <input type="text"/>
	Please use the above addresses for correspondence about this policy only <input type="checkbox"/>				
Telephone - work (code - number)	<input type="text"/>		Fax - work (code - number)	<input type="text"/>	
Telephone - home (code - number)	<input type="text"/>		Fax - home (code - number)	<input type="text"/>	
Cellphone number	<input type="text"/>				
E-mail address	<input type="text"/>				

Payment information

Collection method:	Electronic collection by Momentum <input type="checkbox"/>	Amount	R <input type="text"/>
Preferred date of collection	<input type="text"/>		

If, for any reason, we do not collect the investment on the preferred date, we will collect it on the first possible date after that. Please note that Momentum allows a maximum of R500 000 per collection.

Alternative investment methods:	Direct deposit into our bank account <input type="checkbox"/>	Electronic transfer to our bank account <input type="checkbox"/>
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Make direct deposits/electronic transfers into the Momentum bank account: **ABSA, Account number: 289 000 1001, Branch: Centurion, Code: 632005**
 Attach the deposit slip for direct deposits, or the bank confirmation slip for electronic transfers, and quote the contract number

Account information

Name of account holder	<input type="text"/>				
Name of financial institution	<input type="text"/>				
Account number	<input type="text"/>				
Account type:	Current <input type="checkbox"/>	Savings <input type="checkbox"/>	Transmission <input type="checkbox"/>		
Branch code	<input type="text"/>	–	<input type="text"/>	–	<input type="text"/>
	Branch name <input type="text"/>				
Should we group all collections from this account number and deduct them from your bank account as one amount?	Yes <input type="checkbox"/> No <input type="checkbox"/>				

- I, the undersigned, authorise Momentum to debit my account with the premiums due for the insurance for which I am applying.
- I undertake to inform Momentum of any change in my bank details and I authorise Momentum to verify such bank details with my bank.
- I accept that Momentum may debit my account on a date other than the specified date.

Signature of account holder or authorised person if legal entity	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	–	<input type="text"/>	<input type="text"/>	–	2	0	<input type="text"/>	<input type="text"/>
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Additional requests:

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Section 9: Beneficiaries (Nomination of Beneficiary for Death Benefits)**Complete if you are investing in the Income Plan, Growth Plan or Term-certain annuity**

- Attach copies of all beneficiaries' identity documents
- If there are more beneficiaries, make a copy of this section and attach it to the application form
- Make sure that the total allocation of benefits adds up to 100%
- For nomination of beneficiary of ownership, refer to Nomination of Beneficiary of Ownership form (MOMNB 130E) at the end of this application.

Title	Initials	First name	Surname/ Name of legal entity	% Share	Relationship to investor	Gender M/F	Date of birth/Identity/ Registration number									

A

Section 10: Investment details**Guaranteed Endowment Income Plan**

Guaranteed Portfolio



Investment term 0 5 years

B

Guaranteed Endowment: Growth plan

Investment term 0 5 years

Starting date DD - MM - YYYY

Lump-sum contribution

Contribution amount

R

Payment date DD - MM - YYYY

C D E

Annuities

Total investment amount

R

Purchase type:

Voluntary

Compulsory

Starting date

DD - MM - YYYY

Payment date DD - MM - YYYY

Guaranteed period/term

years

Payable: In arrears In advance

Frequency:

Monthly

Quarterly*

Half-yearly*

Yearly

***Not available for Capital Protector**

Income escalation

, % (0 - 15%) or CPI ** CPI + or , % ** (0.01 - 5%)

****Only applicable to annuities where the investor chooses inflation-linked**

Tax rate used

As per tax tables

%

(Please provide a tax directive)

Payment details:

Gross payment

R

Tax payable

R

Net payment

R

Premium to policy

R

Net income

R

Compulsory annuities:

Source:

Pension fund

Provident fund

Retirement annuity fund

Joint life annuities (Not available on Joint-life Capital Protector Plans)

Payment reduces by % on the death of the annuitant (maximum of 50%)

Payment reduces by % on the death of the co-annuitant (maximum of 50%)

If we do not receive the investment amount on the payment date that we indicated in the quotation, we will adjust the gross instalment and income. If the adjustment amounts to more than 5%, we will notify the investor. The investor will be required to sign a new quote reflecting the adjusted instalment and income amounts. If this is an application for a compulsory annuity and is a fund-owned annuity, state the transferring fund as the applicant in **Section 3**.

Section 11: Details for payment of income into bank account

Momentum may not pay income into a third-party account, please provide proof of account, eg cancelled cheque or bank statement

Name of financial institution	<input type="text"/>
Branch name	<input type="text"/>
Account type:	<input type="text"/> Current <input type="text"/> Savings <input type="text"/> Transmission <input type="text"/> Branch code <input type="text"/> – <input type="text"/> – <input type="text"/>
Name of account holder	<input type="text"/>
Account number	<input type="text"/>
I,	<input type="text"/>

give consent that after my death and if Momentum has effected any payments of annuities after my death which were not due and payable, the bank at which the account is held into which such payments were made, may on provision of proof by Momentum of the overpaid annuities pay the overpaid annuities directly back to Momentum.

Section 12: Transferring fund declaration

A: Transfer Details (to be completed by transferring fund)

Type of fund:	<input type="text"/> Insurer <input type="text"/>	<input type="text"/> Pension fund <input type="text"/>	<input type="text"/> Provident fund <input type="text"/>	<input type="text"/> Retirement Annuity fund <input type="text"/>
Name of transferring fund	<input type="text"/>			
Approved fund registration number (SARS)	<input type="text"/> 1 <input type="text"/> 8 <input type="text"/> / <input type="text"/> 2 <input type="text"/> 0 <input type="text"/> / <input type="text"/> 4 <input type="text"/> 0 <input type="text"/> / <input type="text"/>			
Gross benefit amount	<input type="text"/> R <input type="text"/>			
Amount actually transferred	<input type="text"/> R <input type="text"/>		Amount not transferred	<input type="text"/> R <input type="text"/>
Has any portion of the gross benefit been paid to the member, transferred to a retirement annuity/other fund or used in accordance with section 37(D) of the Pension Funds Act?	<input type="text"/> Yes <input type="text"/>		<input type="text"/> No <input type="text"/>	
If Yes, please give details	<input type="text"/>			
Starting date of membership	<input type="text"/> D <input type="text"/> D – <input type="text"/> M <input type="text"/> M – <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y		Date of withdrawal	<input type="text"/> D <input type="text"/> D – <input type="text"/> M <input type="text"/> M – <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
Member's own contributions to the transferring fund that were previously not allowed as a deduction against his/her taxable income	<input type="text"/> R <input type="text"/>		<input type="text"/>	
Investment term	<input type="text"/> or to age next birthday <input type="text"/>		<input type="text"/>	
Is the benefit transferred subject to a divorce order?	<input type="text"/> Yes <input type="text"/>		<input type="text"/> No <input type="text"/>	
If Yes, please give details	<input type="text"/>			
	<input type="text"/>			

B: Transferring fund eligibility requirements (to be completed by transferring fund)

Eligibility conditions, exclusions or limitations for members of the fund	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Contact person	<input type="text"/>

Signed by fund transferring the benefit

Date D D – M M – 2 0 Y Y

Section 13: Declaration by investment owner and insured life

Sales fees (excluding VAT)

Lump-sum contribution

Initial advice fee/commission				%	Ongoing advice fee/commission				%
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Guaranteed Endowment Income Plan

Annuity (between 0 - 1.5%)

Endowment (between 0 - 3%)

Initial advice fee/commission				%	Initial advice fee/commission				%
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General information

1. I warrant that all the information that I have supplied for the electronic processing of my application is correct and complete and that I have disclosed all the facts that are important to the issuing of this contract. This information will form the basis of the contract with Momentum. Any incorrect or incomplete material information that I have given may affect the validity of the agreement. In such a case, I acknowledge that I may be personally liable and accountable for any losses that Momentum, my financial adviser or I may suffer.
2. (Delete if this is a replacement policy) I declare that this application does not replace the whole or any part of my existing insurance with any insurer (whether replacement is to take place immediately or to replace an insurance contract that was discontinued within the past four months or that is to be discontinued within the next four months).
3. I acknowledge that I have read the valid and official quotation that Momentum has issued and that sets out the contract benefits for which I have applied in the duly completed contract application. I confirm that my authorised financial adviser has explained the contents of the quotation to me and I agree that the details set out in it will bind me.
4. I am aware that any information that I have given for the purpose of this application is subject to the stipulations of the Financial Intelligence Centre Act No. 38 of 2001 and will be dealt with in accordance with requirements contained in the Act.
5. I acknowledge and understand that the Momentum Group Limited and/or any of its subsidiaries, agents, and/or authorised representatives will not be held responsible for any damage or losses that I suffer if I sign this application before completing it in full. I acknowledge and understand that it is an offence to sign a blank or uncompleted application form, as stated in the Policyholder Protection Rules that have been published under the Long-term Insurance Act of 1998.
6. I acknowledge that the contract will start after Momentum has accepted the application (and received tax clearance, if necessary) and after I have paid the first contribution.
7. I acknowledge that Momentum will apply the standard conditions that it normally sets for this type of contract, and that only these conditions will bind Momentum, and that no representations or undertakings that any person makes or gives will be binding.
8. I instruct Momentum to pay the advice fees/commission to the intermediary as agreed upon above.
9. I understand that I may cancel this contract within 30 days from the date of receipt of the letter of acceptance. If I exercise this right, Momentum will pay back all the contributions that I have made, less the cost of any benefits, investment losses and/or currency risk exposure during the relevant period, subject to legislation.
10. I accept the risk of the means of communication that I have chosen in the application. Momentum will not be liable for any loss that I suffer as a result of this means of communication.
11. I declare that I have the necessary legal capacity to enter into this insurance contract OR a party with the necessary contractual capacity has properly assisted me.
12. I confirm that all the information given on this application form is true and correct, and that I have read, understood and agreed to all terms and conditions of this agreement.
13. I understand that Momentum reserves the right to cancel this contract if I have withheld any important information on this application form or answered any question/s incorrectly.
14. I authorise Momentum to act on the instructions that I or my authorised financial adviser may transmit by fax and absolve Momentum from any liability, loss or damage that I may suffer as a result of it acting on such instructions.
- 15.1. Compulsory Annuities may not be ceded, transferred, hypothecated or alienated in any way.
- 15.2. I acknowledge that I may only cede or transfer this policy where permitted and the assets held under it, in writing. I also acknowledge that the cession will not bind Momentum unless it has been notified of this in writing, and has recorded the cession.
16. I understand that a cession of this policy will take precedence over the appointment of a beneficiary and that Momentum will pay the proceeds of the policy to the cessionary and not to the beneficiary.
17. I understand that I may revoke or change the beneficiary under this policy by notifying Momentum in writing.
18. I understand that the beneficiary of proceeds will acquire rights to the benefits of this policy only on the death of the last insured life.
19. This document, quotation and any documents that were submitted in connection with it, form the basis of the contract that I intend entering into.

Signed at	<input 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"/>
	<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"/>	<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"/>	<input type="text"/>	<input type="text"/>						
Signature of insured life or investment owner	<input type="text"/>																Signature of investment owner (if other than insured life)	<input type="text"/>											
Signature of parent/guardian/trustee (if applicable)	<input type="text"/>																												

For office use

Policy number

Client name

Nomination of beneficiary for ownership

To prevent possible errors and delays, please fill in answers to questions in full, in black ink and in block letters.

Section 1: Investor details

Title	<input type="text"/>	Initial/s	<input type="text"/>	First name	<input type="text"/>
Surname/Name of legal entity	<input type="text"/>				
Former/other names (ie maiden name)	<input type="text"/>				
Identified by	ID <input type="text"/>	Identity number <input type="text"/>			
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Nationality <input type="text"/>
Correspondence language	English <input type="text"/>	Afrikaans <input type="text"/>	Gender		Male <input type="text"/> Female <input type="text"/>
Postal address	<input type="text"/>				
	<input type="text"/>				Postal code <input type="text"/>
Residential address	<input type="text"/>				
	<input type="text"/>				Postal code <input type="text"/>

Please use the above addresses for correspondence about this policy only

Contact numbers (code - number)		
Work	<input type="text"/>	Fax <input type="text"/>
Home	<input type="text"/>	Fax <input type="text"/>
Mobile	<input type="text"/>	E-mail <input type="text"/>

Section 2: Declaration by investment owner

I instruct Momentum Group Limited (Momentum) that, in the event of my death prior to the maturity of the contract, ownership thereof shall immediately and automatically pass to:

Title	<input type="text"/>	Initial/s	<input type="text"/>	First name	<input type="text"/>
Surname	<input type="text"/>				
Former/other names (ie maiden name)	<input type="text"/>				
Identified by	ID <input type="text"/>	Passport <input type="text"/>	Identity/Registration number <input type="text"/>		
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	RSA ID <input type="text"/> Yes <input type="text"/> No <input type="text"/>
Gender	Male <input type="text"/>	Female <input type="text"/>			

I retain the right to cancel or change this nomination and acknowledge that no cancellations or alteration whether by testamentary instrument or otherwise, shall be of any force unless Momentum has been notified in writing of such cancellation or change.

I together with my heirs, executors and assigns hereby indemnify Momentum against any claims that may arise as a result of giving effect to this instruction.

This nomination will automatically be void if the beneficiary referred to above predeceases me or if I cede or assign the contract or any interest in it to any person/entity other than Momentum.

Witnesses must be in the presence of the investor, and each other, at the time of signing.

Signed at

Signature of investor	<input type="text"/>	Date <input type="text"/>	<input type="text"/>
	<input type="text"/>		
Witness 1	<input type="text"/>	Witness 2	<input type="text"/>