

## retirement administrators

## Member change in banking details

Employee Number:																	
Policy Reference Number:																	
Fund Name:																	
Important: This form should only be completed in case of a change/correction in banking details.																	
	Account Holder:																
Banking Details	Bank Name:																
	Branch Code:																
	Account Number:																
	Account Type:	Cu	rrent			Savings				Transmission							
Declaration by member B:	Notes:  a) No electronic payments will be made to joint accounts, loan, credit cards or call accounts.  b) By law the Fund may not make benefits payable to any third party (i.e. person other than the member).																
	Surname:																
	First name:																
	Identity																
	I, hereby declare that I am the account holder of the above mentioned account. In the event of any loss suffered as a result of any details provided herein being incorrect, neither the Fund nor Momentum Retirement Administrators can be held liable for such losses.  POPIA Privacy I agree that Momentum Corporate may process all information that I provide on this form. I understand that the information will be processed in accordance with the Protection of Personal Information Act, 2013 and Momentum Corporate's strict policies on protecting the confidentiality of my personal information.																
	I agree that Momentum Corporate may use my personal information to provide and administer my retirement fund investment and share my personal information with Momentum Corporate's partners and contracted service providers, who are legally bound to protect the information.																
	Signed at																
	Member's Sign			Dat	te:	D D	N	I M	Y	Y	Υ	Y					