

Momentum Grow Insurance only - acceptance of quotation and installation document

Section A: Details

Name of employer on quote	<input type="text"/>			
Name of payroll provider	<input type="text"/>			
Quote number	<input type="text"/>	Date of issue	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Version number	<input type="text"/>	Expiry 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"/>	

Please submit this form to FAWInstallations@momentum.co.za before the scheme start date, together with a copy of the accepted quote, company registration certificate, member data in Excel format, and proof of bank account.

If the data provided at installation or first reconciliation differs from the data provided to prepare the accepted quote by 25% or more, we will do a re-costing and then inform the employer. In this case the revised quote may contain different costs and the employer must sign the new quote.

Section B: Employer details and scheme start date

Scheme start 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"/>		
Registered name of employer	<input type="text"/>		
Company registration number	<input type="text"/>		
Physical address	<input type="text"/>		
	<input type="text"/>	Postal code	<input type="text"/>
Postal address	<input type="text"/>		
	<input type="text"/>	Postal code	<input type="text"/>

Section C: Member and employer communication

We will send all member communication, including the welcome packs, to the members directly. You must provide all members' email addresses and cellphone numbers in Excel format with this document. The employer portal user will have access to all communication and can redistribute it to the members. We will send the employer communication (special rules, policy documents) to the employer or the financial adviser appointed to the scheme.

Please indicate where we have to send the employer communication: Employer Financial adviser appointed to the scheme

Name of contact person	<input type="text"/>		
Cellphone number	<input type="text"/>		
Email address	<input type="text"/>		

Section D: Contact details for confirmation email and 1st extract

After the scheme is installed, please provide the contact details of the person who will receive the confirmation email including the reconciliation extract.

Title	<input type="text"/>	Initial(s)	<input type="text"/>
First name(s)	<input type="text"/>		
Surname	<input type="text"/>		
Email address	<input type="text"/>		
Cellphone number	<input type="text"/>	Work number	<input type="text"/>
Signature	<input type="text"/>		Date signed <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Section E: Authorised person and employer portal super-user

The person shown below is authorised to receive documents and information from us and provide documents and information to us on behalf of the employer, that are necessary to administer the scheme. This person is also authorised as a super-user for the employer portal, which means that they must notify us if there are any changes to the level of access needed for employer portal users, if new users must be added or any users must be removed.

Before selecting this person, please ensure that you have read, understood and accept all the conditions of the document titled "Your quote in detail" as it applies to your proposed scheme and participation in the FundsAtWork Umbrella Pension/Provident Fund, including those sections on the employer portal.

Super-user

Title	<input type="text"/>	First name	<input type="text"/>
Surname	<input type="text"/>		
RSA ID	Yes <input type="checkbox"/>	No <input type="checkbox"/>	ID/passport no <input type="text"/>
Passport country of origin	<input type="text"/>		
Email address	<input type="text"/>		
Cellphone number	<input type="text"/>	Work number	<input type="text"/>
Do you need employer portal training?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Are you an existing employer portal user?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Existing user ID for employer portal	<input type="text"/>		

The super-user must complete the form **MEB085-Employer portal authorisation form** that is available under Claims and other forms on www.momentum.co.za/fundsatwork or use the facility available on the employer portal to assign access to additional employer portal users. This includes authorisation of additional users to either view or change information, load claims and confirm the premiums for each month, and/or to assign a 2nd authoriser for claim submissions and payment of the premiums.

Additional employer portal independent users

You must only complete this section if the super-user wants to assign access to an independent person who is not a member of the scheme or the financial adviser appointed to the scheme.

	Employer portal user 1	Employer portal user 2	Employer portal user 3	Employer portal user 4
Title	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ID/passport number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country of origin	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Work phone number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cellphone number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Are you an existing employer portal user?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you need employer portal training?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Existing user ID for employer portal	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Level of access	View & change <input type="checkbox"/> View only <input type="checkbox"/>	View & change <input type="checkbox"/> View only <input type="checkbox"/>	View & change <input type="checkbox"/> View only <input type="checkbox"/>	View & change <input type="checkbox"/> View only <input type="checkbox"/>
Each user must be assigned one role	or 2nd authoriser for claims <input type="checkbox"/> 2nd authoriser for premiums <input type="checkbox"/>	or 2nd authoriser for claims <input type="checkbox"/> 2nd authoriser for premiums <input type="checkbox"/>	or 2nd authoriser for claims <input type="checkbox"/> 2nd authoriser for premiums <input type="checkbox"/>	or 2nd authoriser for claims <input type="checkbox"/> 2nd authoriser for premiums <input type="checkbox"/>

Section F: Take-over of existing insurance cover

Complete this section if we are taking over existing insurance cover from another underwriter.

Name of previous fund/scheme

Underwriter of insurance benefits

Please attach confirmation of the previous underwriting showing the accepted covers, including any terms and conditions. If you do not attach the letter at installation stage then the free cover limit as quoted will apply.

Are there any members receiving income disability benefits? Yes No

If yes, please supply the names of these members on the installation data template, indicating that they are disability claimants in the column "Income disability claimant".

Section G: Insurance premium deductions

The employer authorises Momentum Corporate to collect the monthly insurance premiums after they have been confirmed, from this bank account:

Account name

Account number

Name of bank

Branch name Branch code

Account type Current/cheque Savings Transmission

Include a bank statement not older than 3 months Yes No

We will send a monthly email on the reminder date requesting updated member data for the premium reconciliation. We will send further reminders from 5 days before the preferred deduction day. Deductions may be done on any pre-defined day during the period from the 15th of the month to the 5th of the next month, monthly in arrears.

Reminder date Preferred deduction day

Section H: Financial adviser appointment and commission

This broker house and financial adviser is appointed to the scheme from the scheme start date shown above and is authorised to receive the commission as per the accepted quote.

Financial adviser name Broker code

Broker house name Broker house code

Email address

Cellphone number

Financial adviser's signature

Date signed

Section I: Financial Intelligence Amendment Act (FICA)

The FICA requires Momentum Corporate to identify and verify all clients with who we conduct business. This identification process requires information of the legal entities and all individuals that are a beneficial owner, that is they have more than 25% ownership or decision-making ability. A beneficial owner is a natural person who ultimately owns and uses legal structures like companies/trusts.

Does any shareholder, legal entity, person or member own more than 25% of the issued share capital or interest in the company? Yes No

I confirm that **none or that some of the representatives, senior managers responsible for oversight and management or executive management** of this legal entity are a:

1. politically exposed person. Yes No
2. prominent influential person (PIP), locally or international. Yes No
3. a close associate or family member of either of the persons mentioned above. Yes No

If you ticked yes in any of the blocks, please provide the personal information of each person in the table below. If the company structure is complex, please include a company organogram.

	Person 1	Person 2	Person 3	Person 4
Designation or relationship to company				
Name				
Surname				
Date of birth				
ID/passport number				
Passport country of origin				
Residential address				
Cellphone number				
Email address				
Registered name of company				
Date the company was incorporated				
Company registration number				
Registered address of company				
Details related to beneficial owner or PIP				

	Person 5	Person 6	Person 7	Person 8
Designation or relationship to company				
Name				
Surname				
Date of birth				
ID/passport number				
Passport country of origin				
Residential address				
Cellphone number				
Email address				
Registered name of company				
Date the company was incorporated				
Company registration number				
Registered address of company				
Details related to beneficial owner or PIP				

What is the source of income that will be used to fund the contributions and/or premiums?

It is the employer's responsibility to notify us if there are any changes to the management structure that would have an effect on questions 1 and 2 above. The employer's continued relationship with us is dependent on us being able to identify all parties that have an influence on the direction of the company.

Title First name

Surname

Designation/capacity

Signature Date signed - -

Section J: Long-term Insurance Act: Policyholder Protection Rules - replacement record

If any of the following occurs, please complete this page as this is considered a replacement:

- a. The policyholder for the replacement insurance benefits is the same as the policyholder under the replaced benefits;
- b. The lives insured under the replaced insurance benefits are substantially the same as the lives insured under the replaced benefits; and
- c. The existing insurance benefits replaced with one insurer are substantially the same as those bought from another insurer.

Does this installation for insurance benefits replace existing benefits? Yes No

	Replaced benefits	New benefits
Product name		
Scheme/fund		
Provider name		Momentum Corporate

Reasons and suitability for the replacement

Why is the new solution more suited to the client's financial needs than the existing solution?

Could the solution being replaced have been changed to better meet the client's financial needs? Yes No

If the solution being replaced could have been changed, why was this not done?

Is the new solution more suited to the client's needs than the solution being replaced? Yes No

Why is the new solution more suited to the client's needs than the solution being replaced?

Please only complete the items which apply to you

	Replaced benefits	New benefits
Amount of death benefit(s)		
Type of disability benefit(s)		
Amount of disability benefit(s)		
Type of critical illness benefit		
Employee Assistance Programme		Provides members and their families with confidential support 24/7/365 during traumatic life events. It includes counselling, legal, financial, emotional and physical wellbeing services, debt assistance and credit health/ checks.
Other, please specify		
Exclusions and restrictions		
Underwriting exclusions or loadings		
Standard death benefit exclusions		
Standard disability benefit exclusions		

Standard critical illness exclusions		
Waiting periods per benefit		
Termination charges		N/A
Other, please specify		
Fees and other expenses		
Lump sum death benefit		
Funeral benefit		
Lump sum disability benefit		
Income disability benefit		
Critical illness benefit		
Other, please specify		
Contractual premium increases		
Premium guarantee period		
Date of next rate review		
Tax implications		
Death benefit(s) premiums		
Disability benefit(s) premiums		
Critical illness benefit premiums		
Death benefit(s) proceeds		
Disability benefit(s) proceeds		
Critical illness benefit proceeds		
Any other premiums		
Financial adviser remuneration		
Commission (incl. VAT)		
First year commission (incl. VAT)		
Any other remuneration earned		

Section K: Authorised person declaration and consent for the collection and disclosure of personal information

I, the undersigned declare that:

1. I have read, understood and accept all the conditions of the document "Your quote in detail" as it applies to your scheme and that you have been fully appraised under the disclosure in terms of the Financial Advisory and Intermediary Services Act (the FAIS Act);
2. the employees have been informed in writing of the eligibility requirements, premiums that will be paid and the benefits that will be provided according to this quote acceptance and installation document and the accompanying "Your quote in detail" document and that if members are joining from another insurance scheme they have been informed of the impact of the transfer;
3. all eligible employees will become members of the insurance scheme;
4. the employees have individually consented to the disclosure of their personal and special personal information as defined in the Protection of Personal Information Act (POPIA) to Momentum Corporate and their service providers. The employees have also been informed of the type of personal and where applicable, special personal information that will be disclosed, the purpose of the disclosure and their rights and obligations in terms of POPIA;
5. I have the authority to sign this document as the employer and a resolution to that effect will be made available to Momentum Corporate, on request.

Policy documents will be prepared based on this quote acceptance.

Title	<input type="text"/>	First name	<input type="text"/>
Surname	<input type="text"/>		
Email address	<input type="text"/>		
Cellphone number	<input type="text"/>	Work number	<input type="text"/>
Designation/capacity	<input type="text"/>		
Signature	<input type="text"/>	Date signed	<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"/>

When you sign this form by inserting a digital signature it confirms that the information provided is true and correct.

Options to sign the form:

1. Print out the form, sign and scan it and send it back to FAWInstallations@momentum.co.za.
2. Place your scanned signature in the signature block.
 - Store your scanned signature in a safe place on your computer.
 - Select the 'comments' tab from your menu in Adobe.
 - Select the 'add stamp' icon.
 - Select 'custom stamps'.
 - Select create 'custom stamps'.
 - You can now browse and upload your signature to save it as a custom stamp under 'sign here' in Adobe.
 - You can now go back to your 'stamps' icon and select 'sign here' and select your saved signature.
 - Place it in the document and save the document.

When you want to print the form to complete by hand you can turn off the field highlights by selecting the "highlight existing fields" on the top right-hand corner of your screen.