
E - Fund's banking details / contact details (Approved)

Account holder's name (fund)																								
Name of bank																								
Branch office																								
Account number													Branch no.											
Account type																								
	Transmission, cheque, etc																							
Tel No.(fund administrator)																								
Email address (fund administrator)																								

F - Disposal of benefits and banking details(unapproved Group Life Benefits)

Title				Initials																					
First name/s																									
Surname																									
Relationship to member													% Share			%									
Tel No. Work									Tel No. Home																
Cell No.									Email address																
Banking details																									
Account holder's name																									
Name of bank																									
Branch office																									
Account number													Branch no.												
Account type																									
	Transmission, cheque, etc																								

Title				Initials																					
First name/s																									
Surname																									
Relationship to member													% Share			%									
Tel No. Work									Tel No. Home																
Cell No.									Email address																
Banking details																									
Account holder's name																									
Name of bank																									
Branch office																									
Account number													Branch no.												
Account type																									
	Transmission, cheque, etc																								

F - Disposal of benefits and banking details(unapproved Group Life Benefits) (continued)

Title Initials

First name/s

Surname

Relationship to member % Share %

Tel No. Work Tel No. Home

Cell No. Email address

Banking details

Account holder's name

Name of bank

Branch office

Account number Branch no.

Account type

Transmission, cheque, etc

Title Initials

First name/s

Surname

Relationship to member % Share %

Tel No. Work Tel No. Home

Cell No. Email address

Banking details

Account holder's name

Name of bank

Branch office

Account number Branch no.

Account type

Transmission, cheque, etc

<div style="border: 1px solid black; height: 40px; margin-bottom: 5px;"></div> <p>Signature of Member Where the claim is for the member's spouse, child or parent.</p> <p><input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Date</p>	<div style="border: 1px solid black; height: 40px; margin-bottom: 5px;"></div> <p>Signature on behalf of Employer/Trustees</p> <p><input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Date</p>
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I hereby declare that the information furnished above is true and correct. I further indemnify MMI Group Limited against any action and/or liability that may arise as a result of any error or incorrect information supplied herein.

Notes

The following supporting documentation must be submitted:

- | | | |
|---------------------------|---|--------------------------|
| Death of member: | Copy of Death certificate | <input type="checkbox"/> |
| | Copy of member's ID or back and front copies of new ID card | <input type="checkbox"/> |
| | Copy of latest pay slip (member) | <input type="checkbox"/> |
| | For Foreign national, a certified copy of the late member's passport and death certificate. BI-20+BI-1663 forms. An English translation of document submitted in another language | <input type="checkbox"/> |
| | Copies of ID documents/birth certificates in respect of each eligible child, spouse and beneficiaries | <input type="checkbox"/> |
| | Deceased's most recent beneficiary nomination form | <input type="checkbox"/> |
| | Bank account details in respect of each beneficiary/payee | <input type="checkbox"/> |
| | Where a trust fund is to be set up on behalf of a minor/s according to the trustees' instruction, a fully completed trust deed form | <input type="checkbox"/> |
| | Police report in respect of accidental death benefit | <input type="checkbox"/> |
| Death of spouse: | Copy of Death certificate | <input type="checkbox"/> |
| | Copy of member's ID or back and front copies of new ID card | <input type="checkbox"/> |
| | Copy of deceased's ID or back and front copies of new ID card or birth certificate | <input type="checkbox"/> |
| | Copy of latest pay slip (member) | <input type="checkbox"/> |
| | Copy of marriage certificate or proof of customary union or marriage | <input type="checkbox"/> |
| Death of child: | Copy of Death certificate | <input type="checkbox"/> |
| | Copy of member's ID or back and front copies of new ID card | <input type="checkbox"/> |
| | Copy of deceased's ID or back and front copies of new ID card or birth certificate | <input type="checkbox"/> |
| | Copy of latest pay slip (member) | <input type="checkbox"/> |
| | If the surname of a child is different to that of the member, an affidavit is required from one of the parents as proof of relationship | <input type="checkbox"/> |
| | If Stillbirth, a doctor's note or BI-1663 confirming gestation period at date of death | <input type="checkbox"/> |
| | Child in full time study (if benefit applicable per policy) proof of registration as a student in the year of death. | <input type="checkbox"/> |
| | Child who is incapacitated (mentally or physically) proof of disability (e.g. report from attending doctor or medical certificate) | <input type="checkbox"/> |
| Death of a parent | Copy of Death certificate | <input type="checkbox"/> |
| | Copy of member's ID or back and front copies of new ID card | <input type="checkbox"/> |
| | Copy of deceased's ID or back and front copies of new ID card or birth certificate | <input type="checkbox"/> |
| | Copy of latest pay slip (member) | <input type="checkbox"/> |
| | Copy of marriage certificate or proof of customary union or marriage (in respect of death of spouse and parent-in-law) | <input type="checkbox"/> |
| Death of a nominee | Copy of Death certificate | <input type="checkbox"/> |
| | Copy of member's ID or back and front copies of new ID card | <input type="checkbox"/> |
| | Copy of deceased's ID or back and front copies of new ID card or birth certificate | <input type="checkbox"/> |
| | Copy of latest pay slip (member) | <input type="checkbox"/> |
| | Proof of relationship | <input type="checkbox"/> |
| | Option form showing selection | <input type="checkbox"/> |

Momentum reserves the right to request additional documents should they so require.

Where no date of birth is reflected on the death certificate, proof of age must be submitted.