

# Approved Fund Transfer Details Form

Please fill in this form in the fields provided. Use the tab key to move from one field to the next.

## Section 1: Fund details

Fund Name	<input type="text"/>					
Employee number	<input type="text"/>	Policy reference number	<input type="text"/>			
FSCA registration number	12/8	<input type="text"/>				
SARS approval number	18/20/4	<input type="text"/>				
Fund type	<input type="checkbox"/> Pension Fund <input type="checkbox"/> Pension Preservation Fund		<input type="checkbox"/> Provident Fund <input type="checkbox"/> Provident Preservation Fund		<input type="checkbox"/> Retirement Annuity <input type="checkbox"/> Compulsory/ Living Annuity	

## Section 2: Member details (member completes this section)

Title	<input type="text"/>	Initial(s)	<input type="text"/>
First name	<input type="text"/>		
Surname	<input type="text"/>		
Date of birth	<input type="text"/>	-	<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"/>		
Attach a copy of ID/passport (if you have an identity card, please submit a copy of the front and back of the card).			
Cellphone number	<input type="text"/>	Alternative number	<input type="text"/>
Email address	<input type="text"/>		
Residential address	<input type="text"/>		
Unit number	<input type="text"/>	Complex (if applicable)	<input type="text"/>
Street number	<input type="text"/>	Street/farm name	<input type="text"/>
Suburb/district	<input type="text"/>		
Postal address	<input type="text"/>		
Unit number	<input type="text"/>	Complex (if applicable)	<input type="text"/>
Street number	<input type="text"/>	Street/farm name	<input type="text"/>
Suburb/district	<input type="text"/>		
City/town	<input type="text"/>	Postal code	<input type="text"/>
Income tax number	<input type="text"/>	Annual taxable income	R <input type="text"/>
Date of withdrawal from transferring fund	<input type="text"/>	-	<input type="text"/>

## Section 3: Particulars of receiving Fund

Receiving fund name	<input type="text"/>					
FSCA registration number	12/8	<input type="text"/>				
FSCA life license number	10/10/1	<input type="text"/>				
SARS approval number	18/20/4	<input type="text"/>				
Policy/proposal number	<input type="text"/>					
Percentage to be transferred	<input type="text"/>	%				
Fund type	<input type="checkbox"/> Pension Fund <input type="checkbox"/> Pension Preservation Fund		<input type="checkbox"/> Provident Fund <input type="checkbox"/> Provident Preservation Fund		<input type="checkbox"/> Retirement Annuity <input type="checkbox"/> Compulsory/ Living Annuity	

## Section 4: Banking details of receiving Fund

Payee name	<input type="text"/>
Account number	<input type="text"/>
Name of bank/building society	<input type="text"/>
Branch name	<input type="text"/>
Branch code	<input type="text"/>
Account type	<input type="checkbox"/> Current/cheque <input type="checkbox"/> Savings <input type="checkbox"/> Transmission
Client's reference no (if applicable)	<input type="text"/>

## Section 5: Details of contact person at receiving Fund

First name	<input type="text"/>
Surname	<input type="text"/>
Contact number	<input type="text"/>
Email address for recognition of transfer	<input type="text"/>
The Financial Planner must complete the following details (only if applicable):	
Identity number	<input type="text"/>
License number	<input type="text"/>

## Section 6: Declaration by member

I,  (full names)

declare that:

- all information provided in this form is true and correct.
- payment by electronic transfer will constitute full and final settlement discharging the Fund and their administrator, Momentum Corporate, of liability in terms of the rules of the Fund.
- the benefit payment options available to me, as well as the tax implications, have been explained to me in full.
- after looking for the relevant financial advice, I confirm that the choices indicated here are my final instructions and I acknowledge that I am aware that the benefit paid will be subject to the rules of the Fund and relevant legislation.
- I indemnify the Fund and their administrator, Momentum Corporate, against any claim, loss and/or damage that may arise from executing the choices in this form.

I agree that the Fund and its administrator, Momentum Corporate, may process all information that I provide on this form. I understand that the information will be processed in line with the Protection of Personal Information Act, 2013, and the Fund and Momentum Corporate's strict policies on protecting the confidentiality of my personal information..

[Click here](#) to read the full privacy notice for Momentum.

Signed at

<b>Members signature</b>	<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"/>
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### Options to sign the form:

1. Print out the form, sign and scan it and send it back via email to the specific e/mail address for your Fund, at Momentum Corporate.
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.
  - 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.