

DIVORCE DETAILS

Employee No.:

Policy Reference No.:

Fund Name:

The Divorce Amendment Act 7 of 1989 defines "Pension Interest" as an amount equal to the member's withdrawal benefit which would have become payable in terms of the Rules of the Fund had the member terminated his membership at the

Ex spouse personal details	Title:	Mr <input type="checkbox"/>	Ms <input type="checkbox"/>	Miss <input type="checkbox"/>	Mr <input type="checkbox"/>
	Surname:	<input type="text"/>			
	First Name:	<input type="text"/>			
	Identity No.:	<input type="text"/>			
	Passport No.:	<input type="text"/>			
	Date of Birth:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Tax No.:	<input type="text"/>			
	Home Tel No.:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Work Tel No.:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Work Fax No.:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Cellphone No.:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Contact Address:	<input type="text"/>			
	Postal Code:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email Address:	<input type="text"/>				

Election options	<input type="checkbox"/>	Elect to transfer benefit to Approved Fund.
		<p><i>If you elect this option, please note that:</i></p> <ul style="list-style-type: none"> • A Transfer Detail Form must be completed. • Provide proof that the transferee fund is an Approved Fund by attaching a proposal form and a quotation.
	<input type="checkbox"/>	Elect to receive benefit in cash.
		<i>If you elect this option, please complete the "Ex Spouse / banking details"</i>

Ex spouse banking

Account Holder:

Bank Name:

Account No.: Branch Code:

Account Type: Savings Cheque / Current Transmission

Declaration by ex spouse

Surname:

First Name:

Identity / Passport No.:

I, hereby confirm that the details provided herein are true and correct in every way. I understand the options available to me with regards to the payment of my benefits, including the tax implications and that I am making an informed choice. 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.

Signature

Date: