

Approved Fund Transfer Details Form

Fund Name: TOURISM, HOSPITALITY AND CATERING

Employee Number:

Policy Reference Number:

Particulars of the receiving fund

Transferee Fund Name:

FSCA Registration: 1 2 / 8 / /

FSCA Life License Number: 1 0 / 1 0 / 1 /

SARS Approval Number:

Policy / Proposal Number:

Percentage to be transferred: % or Amount to be transferred R , , .

Fund Type: Pension Fund Pension Preservation Fund Provident Fund
 Retirement Annuity Provident Preservation Fund Compulsory / Living Annuity

Important : Please provide supporting transfer documents, i.e. a copy of the proposal or an annuity application for each transfer detail form completed.

Banking details of the Transferee fund

Account Holder Name:

Bank Name:

Branch Code: Account Number:

Account Type: Cheque/Current Savings Transmission

Contact details Financial Planner / person at receiving fund

Complete the information below for the purpose of forwarding Recognition of Transfer Form to the Transferee Fund.

Surname:

First Name:

Contact Number:

Email Address for recognition of transfer:

The Financial Planner must complete the following details (only if applicable):

Identity Number:

License Number:

Surname:

First Name:

Identity Number:

Contact Number:

I, hereby declare that the details of the transfer, as provided herein, are as per my instructions.

POPIA Privacy Statement

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.

Member's Signature

Date:

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