

Changes to bank details

2017

Important notes:

- Complete this form to change your banking details.
- If a company bank account is to be deducted, section 2.3 may only be signed by the authorised person.
- Please provide a copy of the principal member and contribution payer's ID.
- Please submit the completed and signed form via fax to **031 580 0613** or email at **membership@momentumhealth.co.za**.

Section 1: Principal member's details

| | | | | | | | | | | | | |
|-------------------|----------------------|--|--|----------------------|----------------------|--|-----------------|----------------------|--|--|--|--|
| Membership number | <input type="text"/> | | | | | | | | | | | |
| Employer | <input type="text"/> | | | | | | | | | | | |
| Title | <input type="text"/> | | | Initials | <input type="text"/> | | First name | <input type="text"/> | | | | |
| Surname | <input type="text"/> | | | | | | | | | | | |
| Telephone - home | <input type="text"/> | | | <input type="text"/> | | | Employee number | <input type="text"/> | | | | |

Section 2: Banking details for payment of contributions

| | | |
|-------------------------------|--|--|
| Is the contribution payer the | <input type="text"/> | |
| | Principal member (complete only section 2.2) | |
| | Company or 3rd party payments (complete sections 2.1, 2.2 and 2.3) | |

Section 2.1

| | | | | | | | | | | | | |
|-------------------------------|----------------------|--|----------------------|----------------------|----------------------|--|------------------|----------------------|--|----------------------|--|--|
| Title | <input type="text"/> | | | Initials | <input type="text"/> | | First name | <input type="text"/> | | | | |
| Surname/Name of company | <input type="text"/> | | | | | | | | | | | |
| ID/Passport number | <input type="text"/> | | | | | | Gender | <input type="text"/> | | <input type="text"/> | | |
| Date of birth | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | | | | | | | |
| Home address | <input type="text"/> | | | | | | | | | | | |
| | <input type="text"/> | | | | | | | | | | | |
| | <input type="text"/> | | | | | | | | | | | |
| | <input type="text"/> | | | | | | | | | | | |
| Postal address (if different) | <input type="text"/> | | | | | | | | | | | |
| | <input type="text"/> | | | | | | | | | | | |
| | <input type="text"/> | | | | | | | | | | | |
| | <input type="text"/> | | | | | | | | | | | |
| Telephone - home | <input type="text"/> | | | <input type="text"/> | | | Cellphone number | <input type="text"/> | | <input type="text"/> | | |
| Email address | <input type="text"/> | | | | | | | | | | | |

Section 2.2

(Please do not provide credit card details. Momentum Health is not allowed to record your credit card details)

| | | | | | | | | | | | | |
|------------------------|----------------------|--|--|----------------------|--|--|----------------------|--|--|----------------------------------|--|--|
| Name of account holder | <input type="text"/> | | | | | | | | | | | |
| Name of bank | <input type="text"/> | | | | | | | | | | | |
| Account number | <input type="text"/> | | | | | | | | | | | |
| Account type | <input type="text"/> | | | <input type="text"/> | | | <input type="text"/> | | | | | |
| Branch code | <input type="text"/> | | | <input type="text"/> | | | <input type="text"/> | | | Branch name <input type="text"/> | | |

Section 2.3: Authorisation for contribution collection

Completion of this section is compulsory for all contribution payers

Momentum Health may debit the above account with the amount due under the contract in accordance with the Momentum Health debit order system. Momentum Health will debit the bank account for contributions on the 1st working day of every month. I understand that Momentum Health bills for contributions in advance and dependent on my commencement and activation dates there may be more than a single contribution payable to the Scheme.

If an **individual's** account is to be debited:

If a third party's account details are used, please provide a copy of their ID.

| | | |
|------------------------------------|----------------------|---|
| Signature of account holder | <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"/> |
|------------------------------------|----------------------|---|

If a **company** account is to be debited:

- I/we warrant that the principal member referred to in this application is an employee of our organisation.
- Momentum Health may bill us for the amount due for this member in the same manner as for other members that our organisation employs.

| | |
|---------------------|----------------------|
| Name | <input type="text"/> |
| Position in company | <input type="text"/> |

| | | |
|--|----------------------|--|
| Signature of account holder/ Authorised signatory | <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"/> |
| Company stamp | <input type="text"/> | |

Section 4: Banking details for claim refunds payable to member

You, as the principal member, need to sign this section if a third party's bank details are being used for claims reimbursement. If a third party's account details are used, please provide a copy of their ID.

Tick this box if we may use the same bank account details provided for your Momentum Health contribution payments.

If not, please complete the bank details below.

(Please do not provide credit card details. Momentum Health is not allowed to record your credit card details)

| | |
|------------------------|--|
| Name of account holder | <input type="text"/> |
| Name of bank | <input type="text"/> |
| Account number | <input type="text"/> |
| Account type | Current/Cheque <input type="checkbox"/> Savings <input type="checkbox"/> Transmission <input type="checkbox"/> |
| Branch code | <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> Branch name <input type="text"/> |

| | | |
|--------------------------------------|----------------------|--|
| Signature of principal member | <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"/> |
|--------------------------------------|----------------------|--|

Broker House: Aon South Africa (Pty) Ltd
Broker House Code: 032259
Tel No: 0860 835 272

Changes to complementary product bank details

2017

Important notes:

- As a Momentum Health member, you can choose to make use of additional products available from Momentum Group (Momentum), a division of MMI Group Limited, to seamlessly enhance your medical aid. Please note that Momentum is not a medical scheme, and is a separate entity to Momentum Health. You can be a member of Momentum Health without taking any of the complementary products that Momentum offers.

Section 1: Banking details for payment of contributions

Please indicate the contribution payer for each of the complementary products:

| Contribution payer | Multiply | HealthSaver | AdviceFee | HealthWaiver |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| Principal member | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Company (as per company application form) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

(Please do not provide credit card details. Momentum is not allowed to record your credit card details)

| | | | | | | | | | | | | |
|------------------------|---|----------------------------------|---------------------------------------|---|----------------------|---|----------------------|-------------|----------------------|--|--|--|
| Name of account holder | <input type="text"/> | | | | | | | | | | | |
| Name of bank | <input type="text"/> | | | | | | | | | | | |
| Account number | <input type="text"/> | | | | | | <input type="text"/> | | | | | |
| Account type | Current/Cheque <input type="checkbox"/> | Savings <input type="checkbox"/> | Transmission <input type="checkbox"/> | | | | | | | | | |
| Branch code | <input type="text"/> | - | <input type="text"/> | - | <input type="text"/> | - | <input type="text"/> | Branch name | <input type="text"/> | | | |

Section 2: Authorisation for contribution collection

Completion of this section is compulsory for all contribution payers

I authorise Momentum to debit the account as supplied on this application form with the amount of the contribution that I have agreed to pay per complementary product. I undertake to inform Momentum of any change in the account details. I authorise Momentum to verify such account details with my financial institution. I accept that Momentum may debit the account on a date other than specified

If an **individual's** account is to be debited:

If a third party's account details are used, please provide a copy of their ID.

| | | | | | | | | | | | | |
|------------------------------------|----------------------|-------------|----------------------|----------------------|---|----------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|
| Signature of account holder | <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"/> |
|------------------------------------|----------------------|-------------|----------------------|----------------------|---|----------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|

If a **company** account is to be debited:

- I/we warrant that the principal member referred to in this application is an employee of our organisation.
- Momentum may bill us for the amount due for this member in the same manner as for other members that our organisation employs.

| | | | | | | | | | | | | |
|---------------------|----------------------|--|--|--|--|--|--|--|--|--|--|--|
| Name | <input type="text"/> | | | | | | | | | | | |
| Position in company | <input type="text"/> | | | | | | | | | | | |

| | | | | | | | | | | | | |
|--|----------------------|-------------|----------------------|----------------------|---|----------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|
| Signature of account holder/ Authorised signatory | <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"/> |
| Company stamp | <input type="text"/> | | | | | | | | | | | |