momentum

Request to change HealthSaver

2027

Important notes:

- You may choose to make use of additional products available from Momentum Group Limited (Momentum), to seamlessly enhance your medical aid. Momentum is not a medical scheme, and is a separate entity to Moto Health Care. The complementary products are not medical scheme benefits. You may be a member of Moto Health Care without taking any of the complementary products.
- Please email the completed and signed form to us at **membership@mhcmf.co.za.**

1: Principal member's details

Membership number

Title | Initials | First name

Surname

ID/Passport number

2: HealthSaver contract details

You can use this account as you see fit to make provision for additional healthcare expenses.

2.1 FICA verification

In terms of the Financial Intelligence Centre Act (FICA), we need to successfully perform FICA verification before we activate the HealthSaver account.

If a third party pays your HealthSaver contribution, FICA is required for the third party as well. Please include a copy of ID or passport, proof of residential address and proof of income.

We therefore require the following information:

- Source of funds for payment of contributions

Salary income	Company/business profits and/or income (onshore)	
Professional fees and/or commissions	Company/business profits and/or income (offshore)	
Import/export activity income	Distribution and/or logistics income	
Investment activity income	Funds received (beneficiary of a retirement fund)	
Funds received (beneficiary of a trust)	Funds received (beneficiary of an insurance policy)	
Funds received (donations)	Funds received (government/social grants)	
Funds received (inheritance)	Sale of fixed assets	Sale of moveable assets
Sale of goods/services	Lottery winnings	Other

If other, please provide details

- ID/Passport number for the principal member.
  Please provide a copy of the ID and proof of residential address.
  If passport number, please confirm which country the passport was issued in and provide a copy of the passport.
  Do you have any foreign assets? Yes / No
  If yes, please provide details
- ID/Passport number for the contribution payer if different to principal member.
  Please provide a copy of the ID and proof of residential address.
  If passport number, please confirm which country the passport was issued in and provide a copy of the passport. Please also provide proof of residential address.
- If the contribution is paid by a trust, we require the following documents:
  - Trust deed
  - Letter of Authority from the Master of the High Court
  - ID documents for the trustees, beneficiaries and founders
  - Proof of residential address for the trustees and beneficiaries

2: HealthSaver contract details (continued)

2.1 FICA verification (continued)

We require the name and ID/passport number for each trustee:

Name of trustee	ID/Passport number	If passport number, please confirm which country the passport was issued in and provide a copy of the passport.

- Company name and registration number if a company is the contribution payer (only required where a company application form has not been completed and submitted).

Company name	
Company registration number	
Company type	

If the contribution is paid by company, we require the following information and documentation:

Sole proprietorship

- Certificate of Incorporation (CIPC registration document).
- If the entity isn't registered with the CIPC, an affidavit or letter from the accountant stating that the individual operates the business under a trading name and confirming the business address and nature of the business.
- Proof of business existence: Sole proprietor declaration form (from the bank or institution); a letter from SARS confirming sole proprietor status (if available) and latest bank account statement for the business (in the name of the individual)
- Valid tax registration number
- ID document
- Proof of source of income

Partnership

- ID documents and proof of residential address for all partners
- The first and last page of the partnership agreement
- Resolution or mandate
- Proof of source of income

Private company

- Certificate of Incorporation (CIPC registration document – COR14.3)
- Memorandum of Incorporation (MOI)
- Valid tax registration number
- ID documents and proof of residential address for all directors
- Confirmation of shareholding
- Proof of source of income

Public company

- Certificate of Incorporation (CIPC registration document)
- Memorandum of Incorporation (MOI)
- Valid tax registration number
- Confirmation of shareholding
- ID documents for all directors
- Confirmation of bank account details
- Proof of source of income

Non-profit organisation (NPO)

- Certificate of registration issued by Department of Social Development under non-profit organisations
- Founding document – Constitution or Memorandum of Incorporation (MOI)
- ID documents and proof of residential address for the office bearers
- Proof of source of income

Closed corporation

- Certificate of Incorporation (CIPC registration document) listing all directors
- ID documents and proof of residential address for all directors
- Confirmation of bank account details
- Proof of source of income
- Resolution authorising a representative, signed by all members

2: HealthSaver contract details (continued)

2.1 FICA verification (continued)

Personal liability company (Inc)

- Company registration date
- Company registered address
- Income tax registration number
- Confirmation of source of income/funds
- Certificate of Incorporation (CIPC registration document)
- Shareholder register/Organisational structure document (Confirmation of Ultimate Beneficial Ownership (UBO))
- Supporting ID/passport documents (including public officer or representative taxpayer)

State-Owned Company (SOC LTD)

- Company registration date
- Company registered address
- Income tax registration numb
- Confirmation of source of income/funds
- Certificate of Incorporation (CIPC)
- Registration document/founding Act of Parliament/Government Gazette
- Shareholder register/Organisational structure document (Confirmation of Ultimate Beneficial Ownership (UBO))
- Board resolution/Delegation of authority
- Supporting ID/passport documents

Certificate of Incorporation (CIPC registration document)

If the entity isn't registered with the CIPC, an affidavit or letter from the accountant stating that the individual operates the business under a trading name and confirming the business address and nature of the business.

- Proof of business existence: Sole proprietor declaration form (from the bank or institution); a letter from SARS confirming sole proprietor status (if available) and latest bank account statement for the business (in the name of the individual)
- Valid tax registration number
- ID document
- Proof of source of income

2.2 HealthSaver

☐ Tick this box if you would like to cancel your monthly HealthSaver contributions, but would like to continue using your HealthSaver account.

If you **do not** wish to continue contributing to HealthSaver, you only need to complete Section 8.

2.3 Monthly HealthSaver contribution

☐ Tick this box if you want to start contributing to HealthSaver, or if you want to change the monthly contribution you pay. Complete the monthly amount you wish to contribute below. Please also complete Sections 4, 5, 6 and 8.

Monthly amount R | | | | | | | Minimum of R100 per month

You can choose to contribute any amount in addition to the regular monthly payments. These additional amounts can be paid via electronic fund transfer (EFT).

3: HealthSaver account termination

☐ Tick this box if you would like to terminate your existing HealthSaver account.

4: Claims payment

In-hospital claims:

☐ Tick this box if you **do not** want any shortfalls in your in-hospital claims to be paid automatically from your available HealthSaver funds. For example, if you have a gap cover product.

5: Banking details for payment of contributions

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

Name of account holder					
Name of bank					
Account number					
Account type	Current/Cheque		Savings		Transmission	
Branch code		Branch name			
Amount	R				

Notes:

- The deduction date is the first working day of the month.
- Your bank statement will reflect 'Health Sav', which is the abbreviated name registered with the bank, followed by your membership number.

6: 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 for the HealthSaver. 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. I accept that failure to pay the amount, due and payable within 30 days from the due date, will lead to termination. I may cancel this mandate and pay via other methods within the 30 days. If I cancel this mandate, I remain responsible to pay any amounts due to Momentum while it was in force.

If the **principal member's** account is to be debited, please sign below:

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

*Consent from third party:

I (name and surname)	
ID number	

consent to Momentum deducting the contributions due for this member from my bank account.

Signature of principal member or third party (if applicable)		**Date**	D D M M Y Y Y Y

7: Terms and conditions

Please read the clause below carefully. It contains provisions that may impact on your rights.

1. I am deemed to have read and understood the terms and conditions that apply to HealthSaver, which can be accessed via the website at **momentum.co.za**, and consider myself bound by these terms and conditions. I further agree to refer to the Momentum website (**momentum.co.za**) annually to take note of the terms and conditions.
2. I appoint Momentum as my agent for the purpose of collecting and depositing all contributions in respect of the HealthSaver and for making the relevant payments as per the terms and conditions.
3. I acknowledge that:
   i. In doing so, Momentum acts as my agent.
   ii. I assume all risks connected with the administration of the entrusted funds by Momentum, understanding that Momentum is bound by the Financial Institutions (Protection of Funds) Act 28 of 2001.
   iii. I will direct all enquiries in respect of the HealthSaver to Momentum.
   iv. I undertake to submit the information required for FICA purposes within 14 (fourteen) days of my application. Failure to submit the FICA information will result in my application for the HealthSaver account being cancelled.

   I have read and understand the above clause, have had an opportunity to question and consider it and I agree to the consequences of it.

8: Declaration

I, the undersigned, agree to be bound by the terms and conditions applicable to HealthSaver as set out in the terms and conditions of the original contract.

Account holder name	
Start date	**0** **1** M M Y Y Y Y

Signature		**Date**	D D M M Y Y Y Y