

Application for Multiply 2020: Individual members

Email this completed and signed form to multiplynewbusiness@momentum.co.za or for more queries call 0861 88 66 00.

Section 1: Multiply plan options

Multiply Starter members must ONLY complete sections 1, 2.1 and 6. | Multiply Provider and Premier members to complete ALL sections.

Multiply Starter Multiply Provider Multiply Premier Membership start date - -

Section 2: Member information

2.1 Member personal information (All fields are compulsory)

Only members with a qualifying Momentum product can apply for Multiply membership.

Main member

Title Initial/s First name

Surname

ID number Date of birth - -

Gender Male Female

Required for passport holders only

Passport number Date of issue - -

Expiration date - -

Country of issue

Nationality

Tax reference number Tax residence country

Cellphone number * Telephone

Email address *

* Must be different to spouse or partner.

Postal address

Postal code

Please note: We will use your cellphone number and email address to communicate with you in English.

Section 3: Contribution payer information (if different to main member)

For individual or entity responsible for payment of Multiply membership fees (Multiply Provider only allows individual debit order) Employer Individual

Title Initial/s First name

Surname/Name of legal entity

Identity number/Registration number Gender Male Female

Cellphone number Telephone

Email address

Section 4: Banking details for contribution collection (Multiply does not collect from credit card accounts.)

Name of account holder

Name of financial institution

Account number Deduction date - - 2 0 Y Y

Account type Current Savings Transmission Branch code - -

Branch name

I, the undersigned, authorise Multiply to debit my account with the membership fees due for membership. I undertake to inform Multiply of any change in my bank details and I authorise Multiply to verify such bank details with the bank. I accept that Multiply may debit my account on a date other than specified should the chosen date fall on a weekend or public holiday. If I am signing on behalf of an institution, I declare that I am duly authorised to do so.

Name of authorised signatory

Signature of account holder or authorised signatory

Date - - 2 0 Y Y

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

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

Name

Position in company

Signature of account holder or authorised signatory

Date - - 2 0 Y Y

Company stamp

Section 5: Membership fees

Monthly membership fees will be determined in accordance with your family composition.

Multiply Premier

- Single member R258
- Family of two R328
- Family of three or more R358

Multiply Provider (Membership fees can only be collected by debit order.)

- Single member R89
- Family of two (main member and partner) R114
- Adult dependants (19 years and older) R15 per dependant
- Child dependants (younger than 19 years) Free
- Multiply Starter** Free

Section 6: Acknowledgement of terms and conditions for Multiply

- I, the main member, hereby apply for membership of Multiply and if applicable on behalf of my dependants, which is administered by Momentum Multiply (Pty) Ltd ("Multiply"). If Multiply accepts this application, this application will serve as evidence that I agree to be bound by the rules of Multiply and undertake to adhere to such rules at all times. I may obtain a copy of the rules from the Momentum website (multiply.co.za) or the Multiply client contact centre on 0861 88 66 00.
- I consent to paying the membership fees (where applicable) in return for the benefits supplied by Multiply to my dependants (where applicable) and me. I understand that it is my sole responsibility to ensure that Multiply receives my membership fees.
- I acknowledge that Multiply reserves the right to cancel the membership applied for in this form if any of the dependants (who are members of the programme by virtue of this application) or I breach any of the terms and conditions of this agreement, inclusive of rules and regulations pertaining to the Multiply programme which are subject to change from time to time.
- Multiply reserves the right to amend the rules referred to in 1 above and the Multiply benefits unilaterally.
- I consent that Multiply may process and retain personal information submitted by me, my financial adviser or the Multiply service provider and that this information may be shared with the Multiply service providers for the purpose of carrying out the actions for Multiply to allocate physical health and wellness points or other benefits to me in terms of my membership. I further consent to the use of my personal information for the purpose of direct marketing of Multiply's own service. I declare that I am aware of my right of access to and the right to rectify the personal information and the existence of a right to object to the processing of personal information. I declare that the personal information provided by me is done voluntarily and that failure to provide such information or refusal to consent to the processing of my personal information may result in my membership application not being successful.

Name of main member

Signature of main member

Date - - 2 0 Y Y

Section 7: Financial adviser (if applicable)

Name	Broker house code	Financial adviser code	Commission reference number	Commission split %

Signature of servicing financial adviser

Date - - 2 0 Y Y