momentum

Application for Conditional AdviceFee

2026

Important notes:

- Momentum Medical Scheme members may choose to make use of additional products available from Momentum Group Limited and its subsidiaries as well as Momentum Multiply (herein collectively referred to as Momentum). Momentum is not a medical scheme and is a separate entity to Momentum Medical Scheme. Momentum products are not medical scheme benefits. You may be a member of Momentum Medical Scheme without taking any of the products offered by Momentum.
- This form needs to be completed by individual members applying for AdviceFee, or the employees of a company that has opted for the conditional AdviceFee.
- Please email the completed and signed form to us at **healthnewbusiness@momentumhealth.co.za**.

1: Personal details of principal member

Existing membership number

Title | Initials | First name

Surname

ID/passport number | Gender Male | Female

Date of birth D D M M Y Y Y Y

Country in which passport was issued

Residential address

Postal code

Postal address (if different)

Postal code

Cellphone number

Email address

Please note that the email address you provide will be used when Momentum communicates with you.

2: Employer information

Name of employer

Existing group number | Telephone - work

Email address

Physical address

Postal code

Postal address (if different)

Postal code

3: Financial adviser (where applicable)

Name	Financial adviser's code	Broker house code	Commission ref no

Signature of financial adviser | **Date** D D M M Y Y Y Y

4: 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

Starting date D D M M Y Y Y Y

Notes:

- The deduction date is the first working day of the month.
- The abbreviated name as registered with the bank, which will reflect on your bank statement, is Advice Fee followed by your membership number.

5: 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. 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 an **individual'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

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

Position in company

By signing below, you confirm that you are authorised to sign on behalf of the company.

Signature of account holder/ Authorised signatory **Date** D D M M Y Y Y Y

Company stamp

6: Terms and conditions

For protection of personal information

Momentum Group Limited comprises a group of companies that provide the following products and services:

- financial planning services, healthcare administration, insurance products, investment products, managed care services, retirement benefits and loyalty rewards programmes.

Momentum Group Limited and its subsidiaries will keep your personal information confidential and will adhere to the Protection of Personal Information Act 4 of 2013 when processing your personal information. We request your consent to process your personal information and to obtain your personal information from any other person for the purposes set out below. While your consent is voluntary, it is a requirement to enable Momentum Group Limited and its subsidiaries to offer you the products set out above and to administer the products.

6: Terms and conditions (continued)

For protection of personal information (continued)

1. I declare that all my personal information and that of my dependants supplied to Momentum Group Limited and its subsidiaries is accurate, up to date, not misleading and that it is complete in all respects and will be held and/or stored securely for the purpose for which it was collected and that I will immediately advise Momentum Group Limited or its subsidiaries of any changes to my personal information and that of my dependants should any of these details change.
2. I confirm that I am authorised to provide consent in this section on behalf of my dependants, and that I have their permission to share such information with Momentum Group Limited and its subsidiaries. Where I give consent for a minor, I confirm that I am a competent person in respect of such minor and I have the authority to give consent for them.
3. I hereby authorise, and give consent to Momentum Group Limited and its subsidiaries to share my personal information, including health information, and that of my dependants, with any entity (including an entity forming part of Momentum Group Limited and its subsidiaries), with whom I and/or my dependants have a contractual relationship with, or have applied for a product or service from such entity. This personal information will be processed and/or used for further processing in order to administer the products or services.
4. I understand that the personal information will be shared to provide for the following purposes:
   - To interact with, and view all the products and services I have with Momentum Group Limited on its websites including obtaining a single view of my products within Momentum Group Limited.
   - For the administration, underwriting, credit scoring, client reporting and risk profile analysis of products and services where I and/or my dependants have a contractual relationship in relation to such products or services or where I and/or my dependants have applied for such products or services.
   - To provide any credit bureau or registered credit provider with my credit information as defined in the National Credit Act, 2005 (credit information includes, for example, my credit history, financial history, pattern of payment or default under any credit agreements, debt re-arrangement arrangements or judgments obtained for outstanding debts).
   - For any other lawful purpose.
5. I acknowledge that my dependants and I must give Momentum Group Limited and its subsidiaries, as applicable, all information and evidence that may be required from time to time. I authorise Momentum Group Limited and its subsidiaries to obtain from any person, including the medical schemes to which my dependants and I belong and/or its administrator, any information Momentum Group Limited and its subsidiaries may require concerning me or any of my dependants in relation to the products or services I and/or my dependants currently have or have applied for. I consent to that person providing, and instruct that person to provide, Momentum Group Limited and its subsidiaries with this information on request. I waive the provisions of any law or regulation that restricts the disclosure of this information.
6. I understand that I have the right to withdraw my consent to have my personal information processed provided that the lawfulness of the processing of my personal information before my withdrawal will not be affected.
7. I understand that I have the right to object on reasonable grounds relating to my particular situation, to the processing of my personal information unless processing is required by law.
8. I understand that if I fail to provide the personal information required or if I am not willing to agree to the processing of my personal information, then Momentum Group Limited and its subsidiaries will not be able to offer me the products or to administer them. My personal information will be processed in terms of the following statutes, amongst others the Medical Schemes Act 131 of 1998, the Financial Intelligence Centre Act 38 of 2001, the Financial Advisory and Intermediary Act 37 of 2002, the Long-Term Insurance Act 52 of 1998, the Insurance Act 18 of 2017, the National Credit Act 34 of 2005 and the Pension Funds Act 24 of 1956.
9. I understand that I have the right to request my personal information which is under the control of Momentum Group Limited and its subsidiaries provided that I furnish adequate identity and that a fee may be charged for this service.
10. I understand that I have the right to request Momentum Group Limited and its subsidiaries where necessary, to correct, or delete my personal information that is inaccurate, irrelevant, excessive, outdated, incomplete, misleading, or obtained unlawfully.
11. If I have a complaint relating to the processing of my personal information, I understand that I should first refer it to Momentum Group Limited to resolve it in terms of their internal complaints process. If I am not satisfied with the outcome of the complaint, I understand that I may refer the complaint to the Information Regulator who can be contacted on **010 023 5200** or via email at **POPIAComplaints@inforegulator.org.za.**
12. You can access Momentum Group Limited's full privacy policy at **https://www.momentumgroupltd.co.za/privacy-notice** and Momentum Multiply's full policy at **https://www.multiply.co.za/engaged/privacy-policy**.

Signature of principal member _____ **Date** D D M M Y Y Y Y

7: Contract details

1. I acknowledge that my financial adviser has agreed to render certain services to me arising from my membership of Momentum Medical Scheme.
2. The services that my financial adviser has agreed to render to me include, but are not limited to:
   - 2.1 handling enquiries in relation to my membership of Momentum Medical Scheme
   - 2.2 keeping Momentum Medical Scheme informed of changes in my membership details
   - 2.3 informing me of changes in my contributions to Momentum Medical Scheme, and
   - 2.4 advising me of changes to the product and benefits that Momentum Medical Scheme offers.
3. If the "annual increase" option is selected, the AdviceFee will be reviewed annually when my contributions to Momentum Medical Scheme are re-viewed and increased by a rate based on the average contribution increase to Momentum Medical Scheme. I will receive reasonable written notice of any such intended change if the AdviceFee is not paid by my employer.
4. The agreement will start from the start date mentioned below and will end when my financial adviser is not entitled to receive compensation for my membership of Momentum Medical Scheme for any reason whatsoever.
5. I acknowledge that this fee will not form part of my contribution to Momentum Medical Scheme and will therefore be a separate charge.
6. I instruct Momentum Metropolitan Life Limited to collect the above AdviceFee, on the due date, in terms of the payment details given in this application and pay my financial adviser on my behalf.

7: Contract details (continued)

Please select one of the following AdviceFee options:

Standard monthly amount	R64 ☐	R122 ☐	R161 ☐	R191 ☐	Increase option	Annual Increase ☐

Signed at		Start date	0 1 M M Y Y Y Y
Signature of principal member		**Date**	D D M M Y Y Y Y