



NATIONAL TERTIARY RETIREMENT FUND

## DATA VERIFICATION FORM

*Kindly complete and return this form with the required information to ntrf@momentum.co.za.*

### PERSONAL DATA (To be completed by Pensioner)

SURNAME AND FULL NAMES: .....

DATE OF BIRTH : .....

ID/PASSPORT NUMBER : 

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GENDER : .....

DATE OF RETIREMENT : .....

CURRENT MARITAL STATUS: .....

DATE OF MARRIAGE : .....

*(If applicable)*

POSTAL ADDRESS : .....

.....

TELEPHONE NUMBER(S) : Home (.....) Cell .....

EMAIL ADDRESS : .....

### SPOUSE'S DETAILS (Only applicable if your spouse is still alive)

SURNAME AND FULL NAMES: .....

DATE OF BIRTH : .....

ID/PASSPORT NUMBER : 

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### SURVIVING CHILDREN

Surname and Full Name of Child	Date of Birth	Telephone number or email address

### IF A CHILD IS DEPENDENT DUE TO STUDY OR A MEDICAL DISABILITY, KINDLY INDICATE

- Name of child. .....
- Date diagnosed as medically disabled. .....
- Nature and origin of medical disability? .....