SENTINEL
Retirement Fund

APPLICATION FOR DEATH BENEFITS BY EXECUTOR

Industry Number of Deceased	Identity Number of Deceased

Title	Initials	Surname of Deceased

NAME OF EXECUTOR

POSTAL ADDRESS OF EXECUTOR

P O Box Number	Suburb, Town or City	Postal Code

BUSSINESS ADDRESS OF EXECUTOR

Street Number	Street Name

Suburb, Town or City	Postal Code

CONTACT DETAILS OF EXECUTOR

Tel No	Code		Number	
Mobile No	Code		Number	
E-Mail				

PLEASE INDICATE THE PREFERRED METHOD OF COMMUNICATION BY THE FUND BY TICKING THE APPLICABLE BLOCK

SMS		E-MAIL		TELEPHONIC		POSTAL	

Signature of Executor

Date (YYYYMMDD)

Y Y Y Y M M D D

SENTINEL
Retirement Fund

APPLICATION FOR DEATH BENEFITS BY EXECUTOR (CONTINUED)

Industry Number of Deceased	

BANK DETAILS

(All alterations must be signed by applicant and bank official)

To be verified by Bank Official as correct and active and belonging to the Applicant.

Surname	
Initials	
ID/Passport Number	
Name of Bank	
Branch Name	
Branch Code	
Account number	
Type of account	Savings ☐ Cheque ☐
Date opened (YYYYMMDD)	Y Y Y Y M M D D

Signature of Account Holder

Initials and Surname of Bank Official

Signature of Bank Official

BANK CHANGES SUBMITTED AFTER THE 27TH OF A MONTH, WILL STILL BE PAID TO YOUR PREVIOUS ACCOUNT.

OFFICIAL STAMP OF BANK

Date (YYYYMMDD)

Y Y Y Y M M D D

Please send your application form and required documents to :
Sentinel Retirement Fund,
Post : P O Box 61172, Marshalltown, 2107, Fax : (011) 481-8111, E-mail : info@sentinel.za.com