SENTINEL
Retirement Fund

APPLICATION FOR DEATH BENEFITS BY OTHER PARTIES

IMPORTANT NOTES:

- Applicants applying for death benefits should complete individual application forms.
- A separate application should be completed for minor children if not in the care of the spouse.
- Failure to complete and/or incorrect information may lead to a delay in finalising the claim for benefits.
- In the event of the information being incomplete or incorrect the fund reserves the right to suspend any/all pensions awarded and institute legal action if deemed necessary.
- Beneficiaries who intend to waive their right to any portion of the benefit should **only** complete the waiver form.
- If applying on behalf of a minor or handicapped major, the address, contact and banking details of person or institution should be provided.

Industry Number of Deceased

Identity Number of Deceased

Title | Initials | Surname of Deceased

PERSONAL DETAILS OF APPLICANT

Title | Initials | Surname

Identity / Passport Number

Gender (Please tick block) | Male ☐ | Female ☐ | Date Of Birth (YYYYMMDD) Y Y Y Y M M D D

RELATIONSHIP TO DECEASED (Please tick one appropriate block only)

Minor Child	☐	Nominee	☐	Factual Dependant	☐	Cohabiting Partner	☐
Customary Law Wife	☐	Ex-Spouse	☐	Custodian Of Minor Beneficiary	☐	Major Child	☐

CHILDREN OF THE DECEASED (INCLUDES BIOLOGICAL AND LEGALLY ADOPTED CHILDREN)

Initials	Surname (Child 1)	Date Of Birth (YYYYMMDD)
Initials	Surname (Child 2)	Date Of Birth (YYYYMMDD)
Initials	Surname (Child 3)	Date Of Birth (YYYYMMDD)
Initials	Surname (Child 4)	Date Of Birth (YYYYMMDD)
Initials	Surname (Child 5)	Date Of Birth (YYYYMMDD)
Initials	Surname (Child 6)	Date Of Birth (YYYYMMDD)

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APPLICATION FOR DEATH BENEFITS BY OTHER PARTIES (CONTINUED)

Industry Number of Deceased	Identity Number of Deceased

RESIDENTIAL ADDRESS OF APPLICANT

Street Number	Street Name

Suburb, Town or City	Postal Code

POSTAL ADDRESS OF APPLICANT

P O Box Number	Suburb, Town or City	Postal Code

CONTACT DETAILS

Tel No	Code		Number	
Mobile No	Code		Number	
E-Mail				

Signature

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

SENTINEL
Retirement Fund

APPLICATION FOR DEATH BENEFITS BY OTHER PARTIES (CONTINUED)
BANKING DETAILS

Industry Number	

BANK DETAILS OF APPLICANT

(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

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