SENTINEL
Retirement Fund

CONFIRMATION OF NO SPOUSE AND / OR LIFE PARTNER

Industry Number

Estate Late

I,

Title | Initials | Surname

Identity / Passport Number

Tel No | Code | Number

E-Mail

states that the deceased was my ***(State Relationship)***

I hereby confirm and certify that to the best of my knowledge, the deceased had no spouse / cohabiting partner nor re-married at date of death.

Signature of Applicant

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