

DEATH BENEFIT QUESTIONNAIRE : OTHER PARTIES

Important Note:

Should you wish to apply to receive an allocation, please complete the following questionnaire in full, in addition to the application form, in order to provide the Fund with sufficient information, as required by legislation, to make an equitable decision regarding the allocation of the death benefit lump sum payable. If enough space is not provided in any of the fields below, please attach additional sheets with the required information. Please ensure that any additional sheets attached, are also signed and dated by you. Kindly note that the questions relate to information, required to enable the Fund to finalise the claim, and that all answers will be treated as confidential.

Identity / Passport Number of Deceased
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Industry Number of Deceased
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

1. DETAILS OF APPLICANT		
Title	Initials	Surname
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Full Names (First Two Names in Full)		
1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

2.	How are you related to the deceased? (e.g major biological son from deceased's first marriage to Mrs. X).
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

3.	Please provide details of all the deceased's spouse(s) / ex-spouse(s) / cohabiting partner(s) and provide details of the duration for the above relationship(s).
	<input type="text"/> <input type="text"/> <input type="text"/>

4.	List all the minor (under 18) and major biological / legally adopted children of the deceased and please indicate in whose care the minor children currently are. Also comment on each minor child's current health status, academic progress and plans for the future, if known.
	<input type="text"/> <input type="text"/> <input type="text"/>

5.	Please provide full details of any legal obligations the deceased had in terms of a divorce settlement or any court order which required him/her to pay maintenance towards any previous spouse / partner /child(ren) and if so, also state whether this obligation was met by the deceased.
	<input type="text"/> <input type="text"/> <input type="text"/>



DEATH BENEFIT QUESTIONNAIRE : OTHER PARTIES CONTINUED

Identity / Passport Number of Deceased

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Industry Number of Deceased

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6. What is your current financial position? If you are not financially self-supporting, please provide additional information.

7. Please provide details of the assets and liabilities in the deceased estate and mention how the estate has been divided. Also specify in detail what inheritance (proceeds from life policies/other benefits) **you** have received from the deceased estate, as well as any other assets you have received as a result of his / her death.

ASSETS	LIABILITIES

8. Please provide information regarding any expenses paid or still payable by you as a result of his / her death.

9. Were you financially dependent in any manner on the deceased at the time of his / her death? If so, provide full details of the **nature, extent and duration** of your dependency.

10. Please describe your relationship with the deceased prior to his / her death.

11. Please list any other legal or factual dependant/s of the deceased.



DEATH BENEFIT QUESTIONNAIRE : OTHER PARTIES CONTINUED

Identity / Passport Number of Deceased												
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Industry Number of Deceased							
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

12. Please provide any further information that you feel the fund trustees should know about. That may have an impact on the allocation.

13. Please provide a thorough motivation why you feel that you should receive an allocation from the late member's death benefit lump sum. *(Please note that the Fund is bound by legislation to determine the main legal and factual dependants of the deceased as explained in the accompanying letter, and that these beneficiaries have to be catered for in an equitable manner when allocating benefits).*

Signature

Date (YYYYMMDD)							
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

MONTHLY INCOME AND EXPENDITURE STATEMENT

Deceased's Industry Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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PARTICULARS OF APPLICANT

Title	Initials	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

Full Names (First Two Names in Full)

1	<input type="text"/>	2	<input type="text"/>
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MONTHLY INCOME				MONTHLY EXPENDITURE			
Your salary after deductions	R	<input type="text"/>	<input type="text"/>	Rent/Bond Repayments	R	<input type="text"/>	<input type="text"/>
Your occupation		<input type="text"/>		HP Repayments	R	<input type="text"/>	<input type="text"/>
Your Employer		<input type="text"/>		Long Term Loans	R	<input type="text"/>	<input type="text"/>
Spouse's salary	R	<input type="text"/>	<input type="text"/>	Short Term Loans	R	<input type="text"/>	<input type="text"/>
Spouse's Occupation		<input type="text"/>		Overdraft account(s)	R	<input type="text"/>	<input type="text"/>
Spouse's Employer		<input type="text"/>		Credit Cards	R	<input type="text"/>	<input type="text"/>
Monthly Pension	R	<input type="text"/>	<input type="text"/>	Groceries	R	<input type="text"/>	<input type="text"/>
Spouse's Pension from Fund	R	<input type="text"/>	<input type="text"/>	Clothing	R	<input type="text"/>	<input type="text"/>
State Subsidy being received	R	<input type="text"/>	<input type="text"/>	Telephone	R	<input type="text"/>	<input type="text"/>
Rental being received	R	<input type="text"/>	<input type="text"/>	Water and lights	R	<input type="text"/>	<input type="text"/>
Interest being received	R	<input type="text"/>	<input type="text"/>	Rates and Taxes	R	<input type="text"/>	<input type="text"/>
OTHER INCOME - SPECIFY				OTHER MONTHLY EXPENSES/ACCOUNTS (SPECIFY)			
.....	R	<input type="text"/>	<input type="text"/>	R	<input type="text"/>	<input type="text"/>
TOTAL MONTHLY INCOME	R	<input type="text"/>	<input type="text"/>	School expenses	R	<input type="text"/>	<input type="text"/>
Value of own fixed property	R	<input type="text"/>	<input type="text"/>	Policies	R	<input type="text"/>	<input type="text"/>
Outstanding bond	R	<input type="text"/>	<input type="text"/>	Medical Costs	R	<input type="text"/>	<input type="text"/>
RECEIVED BY YOU AFTER THE DECEASED'S DEATH				Insurance	R	<input type="text"/>	<input type="text"/>
Lump sum received	R	<input type="text"/>	<input type="text"/>	OTHER MONTHLY EXPENSES/ACCOUNTS (SPECIFY)			
UIF payout received	R	<input type="text"/>	<input type="text"/>	R	<input type="text"/>	<input type="text"/>
Life assurance payout 1	R	<input type="text"/>	<input type="text"/>	R	<input type="text"/>	<input type="text"/>
Life assurance Payout 2	R	<input type="text"/>	<input type="text"/>	R	<input type="text"/>	<input type="text"/>
Proceeds from the estate	R	<input type="text"/>	<input type="text"/>	R	<input type="text"/>	<input type="text"/>
Group Life Policy payout	R	<input type="text"/>	<input type="text"/>	R	<input type="text"/>	<input type="text"/>
Funeral Policy payout	R	<input type="text"/>	<input type="text"/>	R	<input type="text"/>	<input type="text"/>
Leave payout	R	<input type="text"/>	<input type="text"/>	R	<input type="text"/>	<input type="text"/>
Rand Mutual	R	<input type="text"/>	<input type="text"/>	R	<input type="text"/>	<input type="text"/>
Medical Bureau	R	<input type="text"/>	<input type="text"/>	R	<input type="text"/>	<input type="text"/>
OTHER INCOME - SPECIFY				.....	R	<input type="text"/>	<input type="text"/>
.....	R	<input type="text"/>	<input type="text"/>	R	<input type="text"/>	<input type="text"/>
TOTAL PAYMENTS RECEIVED	R	<input type="text"/>	<input type="text"/>	TOTAL EXPENDITURE	R	<input type="text"/>	<input type="text"/>

Signature

Date (YYYYMMDD)
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

MAANDELIKSE INKOMSTE EN UITGAWE STAAT

Oorledene se Industrie Nommer

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BESONDERHEDE VAN AANSOEKER

Titel	Voorletters	Van

Volle Name (Eerste Twee Geboorte Name)

1																			
2																			

MAANDELIKSE INKOMSTE										MAANDELIKSE UITGAWES										
U salaris na aftrekkings	R									Huur/Verband betalings	R									
U Beroep										Huurkoop betalings	R									
U Werkgewer										Langtermyn / Persoonlike Lenings	R									
Gade se salaris	R									Korttermyn Lenings	R									
Gade se beroep										Oortrokke rekening(s)	R									
Gade se werkgewer										Kredietkaart(e)	R									
Pensioen wat u Ontvang	R									Kruideniersware	R									
Gadepensioen van Fonds	R									Klerasie	R									
Staat subsidie	R									Telefoon	R									
Huurgeld wat u ontvang	R									Water en Ligte	R									
Rente wat u ontvang	R									Grondbelasting	R									
ANDER INKOMSTE - SPESIFISEER										ANDER MAANDELIKSE UITGAWES (SPESIFISEER)										
.....	R									.....	R									
TOTALE MAANDELIKSE INKOMSTE	R									.....	R									
Waarde van u eiendom	R									.....	R									
Uitstaande Verband	R									.....	R									
UITBETALINGS AAN U NA OORLEDENE SE DOOD										ANDER MAANDELIKSE UITGAWES (SPESIFISEER)										
Enkelbedrag Ontvang	R									.....	R									
UIF betaling Ontvang	R									.....	R									
Lewensversekering 1	R									.....	R									
Lewensversekering 2	R									.....	R									
Ontvang van die Boedel	R									.....	R									
Groeplewensversekering	R									.....	R									
Begrafnispolis Uitbetalings	R									.....	R									
Verlof Uitbetalings	R									.....	R									
Rand Mutual	R									.....	R									
Medical Bureau	R									.....	R									
ANDER UITBETALINGS										ANDER MAANDELIKSE UITGAWES (SPESIFISEER)										
.....	R									R									
TOTALE GELDE ONTVANG	R									TOTALE UITGAWES	R									

Handtekening

Datum (JJJJMMDD)

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