



## 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.

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

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9. Where 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.

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

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

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## 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.

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**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).*

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| Signature |
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|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| 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](mailto: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"/> | <input type="text"/> |
|----------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

## PARTICULARS OF APPLICANT

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

|                                      |                      |
|--------------------------------------|----------------------|
| Full Names (First Two Names in Full) |                      |
| <input type="text"/>                 | <input type="text"/> |

|   |                      |   |                      |
|---|----------------------|---|----------------------|
| 1 | <input type="text"/> | 2 | <input type="text"/> |
|---|----------------------|---|----------------------|

| 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       |   |                      |   | Domestic servant/gardener | R                    | <input type="text"/> | -                    | <input type="text"/> |                      |
| .....                        | R | <input type="text"/> | - | <input type="text"/>      | School expenses      | R                    | <input type="text"/> | -                    | <input type="text"/> |
| <b>TOTAL MONTHLY INCOME</b>  | R | <input type="text"/> | - | <input type="text"/>      | Policies             | R                    | <input type="text"/> | -                    | <input type="text"/> |
| Value of own fixed property  | R | <input type="text"/> | - | <input type="text"/>      | Medical Costs        | R                    | <input type="text"/> | -                    | <input type="text"/> |
| Outstanding bond             | R | <input type="text"/> | - | <input type="text"/>      | Insurance            | R                    | <input type="text"/> | -                    | <input type="text"/> |

| RECEIVED BY YOU AFTER THE DECEASED'S DEATH |  | OTHER MONTHLY EXPENSES/ACCOUNTS (SPECIFY) |  |
|--|--|---|--|
|--|--|---|--|

|                          |   |                      |   |                      |       |   |                      |   |                      |
|--------------------------|---|----------------------|---|----------------------|-------|---|----------------------|---|----------------------|
| Lump sum received        | R | <input type="text"/> | - | <input type="text"/> | ..... | R | <input type="text"/> | - | <input type="text"/> |
| 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 |  |  |  |
|------------------------|--|--|--|
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|                                |   |                      |   |                      |                          |   |                      |   |                      |
|--------------------------------|---|----------------------|---|----------------------|--------------------------|---|----------------------|---|----------------------|
| .....                          | R | <input type="text"/> | - | <input type="text"/> | .....                    | R | <input type="text"/> | - | <input type="text"/> |
| <b>TOTAL PAYMENTS RECEIVED</b> | R | <input type="text"/> | - | <input type="text"/> | <b>TOTAL EXPENDITURE</b> | R | <input type="text"/> | - | <input type="text"/> |

|                      |
|----------------------|
| Signature            |
| <input type="text"/> |

|                      |
|----------------------|
| Date (YYYYMMDD)      |
| <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)

|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

| MAANDELIKSE INKOMSTE                    |   |  |  |  |  |  |  |   |  | MAANDELIKSE UITGAWES                     |                                  |   |  |  |  |  |  |  |   |  |  |
|---|---|--|--|--|--|--|--|---|--|--|----------------------------------|---|--|--|--|--|--|--|---|--|--|
| U salaris na aftrekkings                | R |  |  |  |  |  |  | - |  |  | Huur/Verband betalings           | R |  |  |  |  |  |  | - |  |  |
| U Beroep                                |   |  |  |  |  |  |  |   |  |  |                                  |   |  |  |  |  |  |  |   |  |  |
| U Werkgewer                             |   |  |  |  |  |  |  |   |  |  |                                  |   |  |  |  |  |  |  |   |  |  |
| Gade se salaris                         | R |  |  |  |  |  |  | - |  |  | Langtermyn / Persoonlike Lenings | R |  |  |  |  |  |  | - |  |  |
| Gade se beroep                          |   |  |  |  |  |  |  |   |  |  |                                  |   |  |  |  |  |  |  |   |  |  |
| Gade se werkgewer                       |   |  |  |  |  |  |  |   |  |  |                                  |   |  |  |  |  |  |  |   |  |  |
| Pensioen wat u Ontvang                  | R |  |  |  |  |  |  | - |  |  | Korttermyn Lenings               | R |  |  |  |  |  |  | - |  |  |
| Gadepensioen van Fonds                  | R |  |  |  |  |  |  | - |  |  | Oortrokke rekening(s)            | R |  |  |  |  |  |  | - |  |  |
| Staat subsidie                          | R |  |  |  |  |  |  | - |  |  | Kredietkaart(e)                  | R |  |  |  |  |  |  | - |  |  |
| Huurgeld wat u ontvang                  | R |  |  |  |  |  |  | - |  |  | Kruidentersware                  | R |  |  |  |  |  |  | - |  |  |
| Rente wat u ontvang                     | R |  |  |  |  |  |  | - |  |  | Klerasie                         | R |  |  |  |  |  |  | - |  |  |
| ANDER INKOMSTE - SPESIFISEER            |   |  |  |  |  |  |  |   |  | ANDER MAANDELIKSE UITGAWES (SPESIFISEER) |                                  |   |  |  |  |  |  |  |   |  |  |
| .....                                   | R |  |  |  |  |  |  | - |  |  | Grondbelasting                   | R |  |  |  |  |  |  | - |  |  |
| <b>TOTALE MAANDELIKSE INKOMSTE</b>      | R |  |  |  |  |  |  | - |  |  | Huishulp / Tuindienste           | R |  |  |  |  |  |  | - |  |  |
| Waarde van u eiendom                    | R |  |  |  |  |  |  | - |  |  | Skool Uitgawes                   | R |  |  |  |  |  |  | - |  |  |
| Uitstaande Verband                      | R |  |  |  |  |  |  | - |  |  | Polisse                          | 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 |  |  |  |  |  |  | - |  |  |
| <b>TOTALE GELDE ONTVANG</b>             | R |  |  |  |  |  |  | - |  |  | <b>TOTALE UITGAWES</b>           | R |  |  |  |  |  |  | - |  |  |

Handtekening

Datum (JJJJMMDD)

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