EQUAL SPLIT FORM FOR BIOLOGICAL / LEGALLY ADOPTED CHILDREN OF DECEASED

Industry Number Of Deceased

Initials

Surname of Deceased

Identity / Passport Number of Deceased

I

hereby confirm that to the best of my knowledge, the deceased

has

Biological / legally adopted children.

I further declare that I have no objection should the death benefit lump sum, payable as a result of the abovementioned death, be divided **equally** among myself and the other children / nominees.

Signature of Applicant

Date (YYYYMMDD)

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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