

EQUAL SPLIT FORM FOR BIOLOGICAL / LEGALLY ADOPTED CHILDREN OF DECEASED

THIS FORM TO BE COMPLETED SHOULD THE ONLY BENEFICIARIES BE MAJOR CHILDREN

Industry Number Of Deceased

Initials

Surname of Deceased

Identity / Passport Number of Deceased

I

hereby confirm and certify that to the best of my knowledge, the deceased has

biological / legally adopted child / children.

AND

PLEASE TICK THE APPLICABLE BOX

I 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.

I declare that **I HAVE AN OBJECTION** should the death benefit lump sum, payable as a result of the abovementioned death, be divided **equally** among myself and the other children.

Signature of Applicant

Date (YYYYMMDD)

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