SENTINEL
Retirement Fund

APPLICATION FOR DEATH BENEFITS BY SPOUSE / LIFE PARTNER (MEMBER)

Industry Number of Deceased	Identity Number of Deceased

NOTE: In the event of more than one spouse, each spouse has to complete a separate application form.

In the event of the information being incomplete or incorrect the fund reserves the right to suspend any/all pensions awarded and institute legal action if deemed necessary.

PERSONAL DETAILS OF SPOUSE (Spouse of deceased at date of death)

Title	Initials	Surname

Full Names (First Two Names)	
1	2

Identity / Passport Number	
Tax Number (Compulsory)	
Gender (Please tick block)	Male ☐ Female ☐
Date Of Birth (YYYYMMDD)	Y Y Y Y M M D D

POSTAL ADDRESS

P O Box Number	Suburb, Town or City	Postal Code

RESIDENTIAL ADDRESS

Street Number	Street Name

Suburb, Town or City	Postal Code

CONTACT DETAILS OF SPOUSE

Tel No	Code		Number
Mobile No	Code		Number
E-Mail			

PLEASE INDICATE THE PREFERRED METHOD OF COMMUNICATION BY THE FUND BY TICKING THE APPLICABLE BLOCK

SMS	☐	E-MAIL	☐	TELEPHONIC	☐	POSTAL	☐

SENTINEL
Retirement Fund

APPLICATION FOR DEATH BENEFITS BY SPOUSE / LIFE PARTNER (MEMBER)(CONTINUED)

Industry Number of Deceased	Identity Number of Deceased

IMPORTANT NOTICE : THIS DOCUMENT SHOULD ONLY BE COMPLETED BY THE SPOUSE OF THE DECEASED.

Title	Initials	Surname

Identity Number/Passport Number

POSTAL ADDRESS

P O Box Number	Suburb, City or Town	Postal Code

PENSION OPTION FOR THE SPOUSE OF THE DECEASED ONLY

50% Of Benefit To Be Utilised To Purchase A Monthly Pension

Term Certain Guarantee (Monthly Pension)	5 Years		10 Years		15 Years		20 Years		25 Years	

50% Of The Benefit Will Be Utilised To Purchase A Lumpsum

In the event that a lumpsum is awarded to me, I elect for the lumpsum to be treated as follows (Tick the applicable block)

Paid to me as a full lumpsum		Converted in full to a monthly pension	

I elect to convert	R		of the lump sum due to me into an additional lifelong monthly pension.

FULLY COMMUTE (IF APPLICABLE)

Only in cases where 50% of the total capital does not exceed R247 500, may the spouse pension be commuted to a lumpsum only payment. By electing this option the spouse accepts that no monthly spouse pension shall be payable.

I elect to fully commute	

Signature of Spouse

Date (YYYYMMDD)
Y Y Y Y M M D D

SENTINEL
Retirement Fund

APPLICATION FOR DEATH BENEFITS BY SPOUSE / LIFE PARTNER (MEMBER)(CONTINUED)

Industry Number of Deceased	Identity Number of Deceased

BANK DETAILS

(All alterations must be signed by applicant and bank official)

To be verified by Bank Official as correct and active and belonging to the Applicant.

Surname				
Initials				
ID/Passport Number				
Name of Bank				
Branch Name				
Branch Code				
Account number				
Type of account	Savings		Cheque	
Date opened (YYYYMMDD)	Y Y Y Y M M D D			

Signature of Account Holder	Initials and Surname of Bank Official
	Signature of Bank Official
Date (YYYYMMDD)	OFFICIAL STAMP OF BANK
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