SENTINEL
Retirement Fund

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

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

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 (PENSIONER) (CONTINUED)

Industry Number of Deceased	Identity Number of Deceased

BANK DETAILS

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

THIRD PARTY, CREDIT CARD, POST OFFICE AND BOND ACCOUNTS ARE UNACCEPTABLE

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) Y Y Y Y M M D D	OFFICIAL STAMP OF BANK

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