

FLEXIBLE PENSION OPTION (SPOUSE)

Industry Number Of Deceased								Identity Number Of Deceased																				
Title			Initials			Surname																						
Identity Number/Passport Number																												
POSTAL ADDRESS																												
P O Box Number					Suburb, City or Town															Postal Code								

FLEXIBLE PENSION OPTION

Note that this document should only be completed by the spouse of a pensioner who elected a flexible monthly pension at date of retirement.

I hereby elect that the flexible monthly pension: (Tick the applicable block)

Be capitalized and paid as a lumpsum.

Continue to be paid in terms of the rules of the flexible monthly pension

That an amount of R be paid in terms of the rules governing the flexible monthly pension and the balance be paid as a lumpsum.

I acknowledge that I have read the retirement benefit brochure and that I am aware of the implications of my decision.

FLEXIBLE PENSION DRAW DOWN (IF APPLICABLE)

The draw-down percentage per annum may not be less than 2,5% per annum and not exceed 17,5% per annum.

Elected draw down rate per annum %

Signature of Spouse

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 : mic@sentinel.za.com**



FLEXIBLE PENSION OPTION (SPOUSE) (CONTINUED)

FLEXIBLE PENSION INVESTMENT CHOICE ELECTION FORM

Industry Number	Identity 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"/> <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"/>

INDIVIDUAL CHOICE		
FLEXIBLE PENSION CREDIT (This is your existing capital in the Fund) Indicate your selection and % of total Flexible Pension Credit.		
PORTFOLIO <small>(Select at least one)</small>	COMMENT	% ALLOCATION
<input type="checkbox"/> Wealth Builder <input type="checkbox"/> Inflation Protector <input type="checkbox"/> Pension Protector <input type="checkbox"/> Shari'ah	You may elect to invest all, or a portion of, your Flexible Pension Credit in ONE of these portfolios. You may also elect not to invest in any of these four portfolios by leaving it blank.	<input type="text"/> <input type="text"/> <input type="text"/> % 0% - 100%
<input type="checkbox"/> Money Market	You may elect to invest all, or a portion of, your Flexible Pension Credit in this portfolio. You may also elect not to invest in this portfolio by leaving it blank.	<input type="text"/> <input type="text"/> <input type="text"/> % 0% - 100%
<input type="checkbox"/> 100% Capital Protection	You may elect to invest all, or a portion of, your Flexible Pension Credit (25% increments only) in this portfolio. You may also elect not to invest in this portfolio by leaving it blank.	<input type="text"/> <input type="text"/> <input type="text"/> % 0% - 100%
THE TOTAL OF YOUR PERCENTAGE ALLOCATIONS MUST EQUAL		<input type="text"/> 1 <input type="text"/> 0 <input type="text"/> 0 %

IMPORTANT: Before exercising an option, you are urged to consult the Brochure and obtain professional advice.

You are strongly encouraged to contact the Fund should you require any assistance with making a Flexible Pension Investment Choice decision!

I understand that should I elect to exercise a Flexible Pension Investment Choice option, the responsibility lies with me to notify the Fund in the event that I wish to amend my investment selection. I acknowledge that I understand the implications of my investment selection.

Signature of Spouse

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"/>