



# APPLICATION FOR PENSION INTEREST BY NON-MEMBER SPOUSE DUE TO DIVORCE

## SECTION 1 : DETAILS OF MEMBER

Industry Number				Date of Birth (YYYYMMDD)				Reference 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"/>
Title		Initials		Surname of Member							
<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"/>
Full Names of Member											
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	2	<input type="text"/>	<input type="text"/>	<input type="text"/>

## CONTACT DETAILS OF MEMBER

Tel No	Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	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"/>
Mobile No	Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	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"/>
E-Mail	<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"/>

## SECTION 2 : DETAILS OF APPLICANT

Title	Initials	Surname									
<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"/>
Date of Marriage (YYYYMMDD)				Date of Divorce (YYYYMMDD)				Tax 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"/>

## POSTAL ADDRESS

P O Box Number	Suburb, Town or City								Postal Code
<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"/>

## RESIDENTIAL ADDRESS

Street Number	Street Name										
<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"/>
Suburb, Town or City									Postal Code		
<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"/>

## CONTACT NUMBERS OF APPLICANT

Tel No	Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	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"/>
Mobile No	Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	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"/>
E-Mail	<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"/>

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

SMS	<input type="checkbox"/>	E-MAIL	<input type="checkbox"/>	TELEPHONIC	<input type="checkbox"/>	POSTAL	<input type="checkbox"/>
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Please deduct the allocated portion from my ex-spouse's fund credit and hold this in a money market portfolio until I have exercised my option as indicated below.



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## BENEFIT OPTIONS (Tick Applicable Block Only)

Full Cash Withdrawal Only  Full Transfer Only  Partial Transfer

Partial amount to be transferred R         -

## TRANSFER DETAILS FOR FINANCIAL INSTITUTION (If Applicable)

### PRODUCT DETAILS

Name of Financial Institution

Name of Approved Fund

### INDICATE THE TYPE OF FUND (Tick the appropriate block only)

Approved Retirement Annuity Fund  Approved Provident Fund

Approved Pension Fund  Approved Pension Preservation Fund

Approved Fund PAYE Registration Number

Approved Fund FSB Registration Number

Policy /Membership Reference Number

### BANKING DETAILS OF FINANCIAL INSTITUTION (If Applicable)

Name of account holder

Name of Bank

Branch name

Account number

Branch code

### FINANCIAL ADVISOR/INTERMEDIARY DETAILS (If Applicable)

Name of Advisor/Intermediary

Financial Advisor/Intermediary Code

FAIS Registration Number

Work Tel No Code         Number

Fax No Code         Number

Cell No Code         Number

E-Mail



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## BANK DETAILS OF APPLICANT

(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	<input type="text"/>
Initials	<input type="text"/>
ID/Passport Number	<input type="text"/>
Name of Bank	<input type="text"/>
Branch Name	<input type="text"/>
Branch Code	<input type="text"/>
Account number	<input type="text"/>
Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Cheque
Date opened (YYYYMMDD)	<input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> M <input type="text"/> M <input type="text"/> D <input type="text"/> D

<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p style="text-align: center;">Signature of Account Holder</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center;">Date (YYYYMMDD)</p> <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> M <input type="text"/> M <input type="text"/> D <input type="text"/> D     </div>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p style="text-align: center;">Initials and Surname of Bank Official</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p style="text-align: center;">Signature of Bank Official</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> </div> <div style="border: 1px solid black; padding: 20px; text-align: center; margin-top: 10px;"> <p>OFFICIAL STAMP OF BANK</p> </div>
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- IMPORTANT : THE FOLLOWING DOCUMENTS MUST ACCOMPANY THIS APPLICATION**

1	Certified copy of divorce order.	<input type="checkbox"/>
2	Certified copy of the complete settlement agreement.	<input type="checkbox"/>
3	Certified copy of marriage certificate.	<input type="checkbox"/>
4	Copy of non-member spouse Identity Document.	<input type="checkbox"/>



## APPLICATION FOR PENSION INTEREST BY NON-MEMBER SPOUSE DUE TO DIVORCE

### DISCLAIMER:

1. Please note that an application by the non-member spouse shall only be deemed to have been received once all the required documents are in the possession of the Fund.
2. Payment/Transfer according to these instruction will constitute full and final settlement of all claims against the Fund. On finalisation of the payment transaction no requests for cancellation of amendments will be entertained.
3. I have provided the Fund with a copy of the relevant divorce decree applicable to this form.
4. I acknowledge and understand that:
  - a) The completion of this form does not imply that the order in the decree pertaining to pension interest is enforceable against the Fund;
  - b) If the order is enforceable, a specified portion of my ex-spouse's "pension interest" is assigned to me;
  - c) In terms of the Fund's Rules, "pension interest" comprises my ex-spouse's fund credit on the date of divorce and nothing beyond that date;
  - d) Subject to applicable legislation and income tax practice, I have the option to either withdraw the assigned amount, or to transfer it to an approved retirement fund, or to withdraw a portion and transfer the balance to an approved retirement fund;
  - e) Subject to SARS approval and practice, I may be liable for income tax on any amount paid to me but not on any amount transferred to an approved fund;
  - f) If I am not a member of the Fund, I do not have the option to request the Fund to hold the assigned amount on my behalf;
  - g) It is incumbent on me to obtain legal, financial or tax advice regarding my options, not on the Fund to refer me for such advice or provide it;
  - h) Once the Fund puts my election into effect, I cannot revoke or change my election;
  - i) By signing this document:
    - i) I waive any right to claim that I was not aware of the consequences of my election;
    - ii) I cannot hold the Fund liable for any loss I may suffer as a result of the option I elect;
  - j) What is stated here is not affected by my reasons for my election or by any change in my financial or personal circumstances.
5. I understand this document and sign it voluntarily and without duress.

Signature

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