SENTINEL
Retirement Fund

ACKNOWLEDGMENT : OPTION TO NOT CONTINUE WITH DISABILITY APPLICATION

Industry Number	

Title	Initials	Surname

I hereby confirm as follows:

1. I previously submitted to the Fund an application for a disability retirement benefit.
2. To qualify, I am required to prove to the Fund's Board that I am totally and permanently disabled for my own and a similar occupation in a specific environment.
3. I have been informed that:
   a. The Board's Claims Committee is not satisfied I have proved I meet the criteria in 2 above;
   b. The Committee will reconsider my application if I submit new functional medical evidence. This is subject to time periods specified in the Fund's Rules.
4. I know that after leaving the service of a participating employer, I can elect the alternative option to claim a termination benefit or early retirement benefit from the Fund.
5. I have elected to claim a termination / early retirement* benefit.
6. I have been informed that:
   a. A termination benefit / early retirement benefit does not include the disability cover which is included in an in-service disability benefit. It comprises my fund credit only;
   b. A termination benefit is payable as a once off lump sum. An early retirement benefit is payable as a monthly pension with a maximum commutation of one-third (subject to certain exceptions which may not apply to me);
   c. I cannot receive a termination benefit / early retirement benefit and a disability benefit from the Fund for the same service period;
   d. Once the Fund puts my election into effect:
      i. I cannot revoke it or change my mind;
      ii. I will have no claim to any other benefit from the Fund for the same service period, including a disability benefit (or part of a disability benefit);
   e. Once a termination benefit is paid or transferred, no benefit will be payable by the Fund on my death as is the case with a retirement benefit;
   f. A termination withdrawal benefit is generally taxed differently to a retirement benefit.
7. I also acknowledge that by electing this option and signing this document:
   a. I waive any right to claim that I was not informed of the consequences of my election;
   b. I will have no basis to dispute the decision of the Committee as per 3a above through the courts, the Pension Funds Adjudicator or any other forum, or to seek an order that the Fund must award me a disability benefit for the same service period;
   c. I understand that my reasons for electing this option or subsequent change in my financial or personal circumstances any do not affect what is stated here.
8. I understand this document and sign it voluntarily and without duress.

Signature

Date (YYYYMMDD)
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