



MEMBER NOMINATION FORM

NOTES ON COMPLETING THE NOMINATION FORM

Please note the following important information before completing your nomination form:

1. This nomination only applies to lump sum death benefits payable in terms of the Rules of the Fund. Death benefits are awarded and paid in terms of sect.37C of the Pension Fund Act to dependants, nominees or your Estate.
2. The Pension Funds Act defines a “dependant” as:
 - 2.1. A person to whom the member is legally liable for maintenance; or
 - 2.2. A person who is in fact, in the opinion of the Trustees, dependent on the member for maintenance; or
 - 2.3. The spouse of the member and living together relationships of a permanent nature.
 - 2.4. Biological/legally adopted children of the member including major children; or
 - 2.5. A person to whom the member would have been legally liable for maintenance had he/she not died.
3. It is vital that the Trustees are informed of all persons who fall in the category of “Dependants”. If they do not have this information there could be a considerable delay in determining and validating dependants before benefits can be paid.

You must list all ‘dependants’ in this nomination form irrespective of whether they are dependent on you or not. Should you not wish for them to receive in a portion of the benefit simply write 000 % next to such person(s) name(s) and provide motivation to support your wishes.
4. You may also nominate people or organisations to receive a portion of or the entire benefit payable on your death. They are known as ‘nominees’. A nominee is a person who is not dependent on you but whom you wish to share in the benefit.
5. If you feel that the benefit should be managed or protected on behalf of a beneficiary who is incapable of taking care of his/her own affairs, a beneficiary fund can be created to protect his/her share of the benefit.
6. If you are not survived by dependants and your Estate is insolvent, the Fund will bring your Estate to solvency before making any payment to nominees.
7. Current tax legislation will be applied and benefits may be subjected to tax. Should tax be applicable, the benefit will be taxed in the name of the deceased member who provided for a death benefit lump sum.
8. The nomination is made, acknowledging that:
 - 8.1. It is not binding on the Fund;
 - 8.2. It may be changed at any time by the member who provided for the benefit;
 - 8.3. If any dependant or nominee should predecease you, their estate or heirs will not be entitled to claim a benefit, or portion thereof.
9. **PLEASE COMPLETE THIS FORM AND ENSURE THAT THE % OF BENEFIT COLUMN ADDS UP TO 100%.** If required additional pages may be added to the nomination, but must be dated and signed.



MEMBER NOMINATION FORM (CONTINUED)

SECTION A: PERSONAL DETAILS OF MEMBER

Industry Number										
Title			Initials			Surname				
Identity / Passport Number										

SECTION B: PREFERRED COMMUNICATION CHANNEL

The fund also use electronic communication channels. Should you prefer to receive relevant and important information relating only to your participation in the Fund electronically rather than through posted paper, please provide the following:

Cell No									
E-Mail									

SECTION C: DETAILS OF CURRENT SPOUSE

Initials	Surname								
Identity Number					Date of marriage / commencement of relationship				

SECTION D: DETAILS OF PREVIOUS SPOUSE(S)

Initials and Surname	Date of Birth	Date of Marriage / commencement of relationship	Date of Change of Marriage / Relationship	Reason for Change

Signature of Member

Date (YYYYMMDD)
<div style="display: flex; justify-content: space-around;"> Y Y Y Y M M D D </div>

MEMBER NOMINATION FORM (CONTINUED)

		Industry Number														
		Initials and Surname		Date of Birth (YYYYMMDD)		Relationship to Member		Telephone Number		Is this Person Dependant on you?		% of Benefit		Beneficiary Fund Required		
1.											Yes	No			Yes	No
2.											Yes	No			Yes	No
3.											Yes	No			Yes	No
4.											Yes	No			Yes	No
5.											Yes	No			Yes	No
6.											Yes	No			Yes	No
7.											Yes	No			Yes	No
8.											Yes	No			Yes	No

2. DETAILS OF ALTERNATIVE BENEFICIARIES

In the event that the abovementioned person(s) pre-decease you please provide alternative persons/institutions that must be considered to share in your death benefit.

		Initials and Surname		Date of Birth (YYYYMMDD)		Relationship to Member		Telephone Number		Is this Person Dependant on you?		% of Benefit		Beneficiary Fund Required		
1.											Yes	No			Yes	No
2.											Yes	No			Yes	No
3.											Yes	No			Yes	No
4.											Yes	No			Yes	No

Signature of Member

Date (YYYYMMDD)

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MEMBER NOMINATION FORM (CONTINUED)

Industry Number (Member)

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Comments/Motivation (Continued): Please add additional page, ensure it is dated and signed.

I request that the Trustees pay the amount which may become payable from the Fund as a result of my death, to the persons mentioned above subject to the provisions of the rules of the Fund and the provisions of Section 37C of the Pension Funds Act. I also realise that in certain circumstances the Trustees of the Fund will have the descretion to ignore my request for the sake of equity and reasonableness in the disposal of such benefit. This nomination revokes and replaces all previous nominations made by me.

Nominations should be reviewed regularly!

Signature of Member

Date (YYYYMMDD)

Y	Y	Y	Y	M	M	D	D
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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