PROVISION FOR SPOUSE'S PENSION IN THE EVENT OF MY DEATH

Industry Number

I, Title | Initials | Surname

Identity / Passport Number

Hereby declare the following:

* That, Title | Initials | Surname

Identity / Passport Number and myself

(the above named member) are co-habiting in a relationship which can be accepted as that of husband and wife.

* That I wish to provide for him / her to receive a lifelong monthly spouses' pension from SENTINEL RETIREMENT FUND in the event of me predeceasing him / her.

* I understand that this will have an impact on the monthly pension awarded to me.

* I accept that once implemented, my decision is irrevocable.

DOCUMENTARY REQUIREMENTS CHECKLIST

1	Copy of spouse ID / Passport	

Signature

Date (YYYYMMDD)

Y Y Y Y M M D D

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