



REQUEST FOR ESTIMATES

Industry 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"/>		
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"/>		
Full Names (First Two Names in Full)											
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"/>		
Identity / Passport Number					<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Gender (Please tick block)			Date Of Birth (YYYYMMDD)								
Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Name of Current Employer							Date of Employment (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"/>	<input type="text"/>	<input type="text"/>		
MARITAL STATUS											
Have you ever been divorced? (Please tick appropriate block)					Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If YES, state number of times	<input type="text"/>	
Please tick the one appropriate block only											
Married			<input type="checkbox"/>	Single			<input type="checkbox"/>	Widowed			<input type="checkbox"/>
Married But Separated			<input type="checkbox"/>	Cohabiting Partner			<input type="checkbox"/>				
CONTACT DETAILS											
Tel No		Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Number	<input type="text"/>	<input type="text"/>	
Fax No		Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Number	<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"/>	
PLEASE INDICATE THE PREFERRED METHOD OF COMMUNICATION BY THE FUND											
E-MAIL			<input type="checkbox"/>	FAX			<input type="checkbox"/>				
DETAILS OF SPOUSE/PARTNER											
Please note that in the event that you have more than one spouse their respective details have to be submitted.											
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"/>		
Identity / Passport Number					<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Gender (Please tick block)			Date Of Birth (YYYYMMDD)								
Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		



REQUEST FOR ESTIMATES (CONTINUED)

Industry Number (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"/>

Identity Number (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"/>

PLEASE INDICATE WHICH BENEFITS YOU WOULD LIKE TO HAVE ESTIMATES OF Please Tick Applicable Box		
<input type="checkbox"/>	1	Retirement Benefit
<input type="checkbox"/>	2	Disability Benefit
<input type="checkbox"/>	3	Withdrawal Benefit (includes resignation, retrenchment, transfer or dismissal)
<input type="checkbox"/>	4	Current Benefits payable on death
<input type="checkbox"/>	5	Divorce Estimate

Specify Date (YYYYMM)					
<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"/>	<input type="text"/>

IMPORTANT NOTES:

The estimate will only be valid for the calendar month in which it was printed. (Please see "Date of Estimate")

The estimates provided will not incorporate any loans and/or divorce liabilities you may have listed against your record.

I accept that this request will result in a provisional estimate based on the Fund's records and the Rules of the Fund as they stand currently. The Fund will not accept responsibility for any loss or inconvenience any person may suffer as a result of the information furnished being incorrect.

DOCUMENTARY REQUIREMENTS CHECKLIST

1	Copy of your ID/ Passport	<input type="checkbox"/>
2	Divorce Order and Agreement (Only applicable if point 5 selected)	<input type="checkbox"/>
3	Previous marriage certificate (Only applicable if point 5 selected)	<input type="checkbox"/>

Signature of Member

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"/>

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