



SPOUSE OPTION FORM (PIC)

Industry Number of Deceased

Identity Number of Deceased

IMPORTANT NOTICE : THIS DOCUMENT SHOULD ONLY BE COMPLETED BY THE SPOUSE OF THE DECEASED.

Title Initials Surname

Identity Number/Passport Number

POSTAL ADDRESS

P O Box Number Suburb, City or Town Postal Code

CONTACT DETAILS

Tel No Code Number

PENSION OPTION FOR THE SPOUSE OF THE DECEASED ONLY

50% Of Benefit To Be Utilised To Purchase A Monthly Pension

Term Certain Guarantee (Monthly Pension) 5 Years 10 Years 15 Years 20 Years 25 Years

50% Of The Benefit Will Be Utilised To Purchase A Lumpsum

In the event that a lumpsum is awarded to me, I elect for the lumpsum to be treated as follows (Tick the applicable block)

Paid to me as a full lumpsum Converted in full to a monthly pension

I elect to convert R of the lump sum due to me into an additional lifelong monthly pension.

FULLY COMMUTE (IF APPLICABLE)

Only in cases where 50% of the total capital does not exceed R247 500, may the spouse pension be commuted to a lumpsum only payment. By electing this option the spouse accepts that no monthly spouse pension shall be payable.

I elect to fully commute

Signature of Spouse

Date (YYYYMMDD)

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