SENTINEL
Retirement Fund

ADDITIONAL TAX DEDUCTIONS

Industry Number (Member)

Title | Initials | Surname

Identity / Passport Number

POSTAL ADDRESS

Postal Code

CONTACT DETAILS

Tel No	Code		Number	
Mobile No	Code		Number	
E-Mail				

PLEASE INDICATE THE PREFERRED METHOD OF COMMUNICATION BY THE FUND BY TICKING THE APPLICABLE BLOCK

SMS ☐ E-MAIL ☐ TELEPHONIC ☐ POSTAL ☐

Consent

I, _____ (Please print initials and Surname) the undersigned, hereby request that an additional amount of R _____ . __ be deducted for the Tax Year 2 0 __ __ / 2 0 __ __

I do understand that this additional deduction may not exceed 40% of my pension.

Signature of Pensioner

Date (YYYYMMDD)

Y Y Y Y M M D D

Please send your required document to :
Sentinel Retirement Fund,
Post : P O Box 61172, Marshalltown, 2107, Fax : (011) 481-8111, E-mail : info@sentinel.za.com