SENTINEL
Retirement Fund

CUSTODIAN FORM

Industry Number | Participant Number

DETAILS OF CHILD

Title | Initials | Surname

ID/Passport Number | Date Of Birth Y Y Y Y M M D D

DETAILS OF CUSTODIAN

Title | Initials | Surname

ID/Passport Number | Date Of Birth Y Y Y Y M M D D

Tel No | Code | Number

Cell No | Code | Number

E-Mail

Postal Address

Preferred Method of Communication | Written | E-Mail | SMS

CUSTODIAN DECLARATION

I declare that the child is alive and in my care | Not in my care

Signature of Custodian

I understand that if I fail to return this document the monthly pension will be suspended, and that a false declaration will lead to legal action by the Fund.

Witness Declaration:

I certify that the custodian knows and understands the contents of this declaration which was signed before me on

this _____ day of _____ 20 _____.

FULL NAME(S): _____

Tel No | Code | Number

Commissioner of Oaths | Bank Manager

Police Officer | Minister of Religion

Lawyer/Solicitor | Fund Official

Post Office Manager/Postmaster

Stamp of Institution /
Commisioner of Oaths

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