



REQUEST FOR ESTIMATE TO CONVERT THE DEATH BENEFIT SCHEME INTO AN ADDITIONAL MONTHLY PENSION (CONTINUED)

Industry Number

<input type="text"/>							
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SECTION 1 DECLARATION BY PENSIONER

I hereby request that the Fund/s provide me with an estimate of the additional monthly pension payable to me should I elect to convert the DBS in respect of the following Fund. (Tick Applicable Block)

Sentinel Mining Industry Retirement Fund	<input type="checkbox"/>
Mine Employees Pension Fund	<input type="checkbox"/>

I accept that should I instruct the Fund to convert the DBS into an additional monthly pension, no death benefit lump sum shall become payable to my dependants in the event of my death.

Signature of Pensioner

Date (YYYYMMDD)

<input type="text"/>							
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SECTION 2 DECLARATION BY SPOUSE OR CO-HABITING PARTNER

Title	Initials	Surname
I, <input type="text"/>	<input type="text"/>	<input type="text"/>

Identity Number

<input type="text"/>											
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Hereby declare that I have been made aware of the implications of the above election, and in particular that no lump sum will become payable in the event of the death of my spouse/partner.

Please note that I am aware that my spouse/partner does not require my consent to exercise this option.

Signature of Pensioner's spouse or Co-Habiting Partner

Date (YYYYMMDD)

<input type="text"/>							
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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