



## WITHDRAWAL APPLICATION - SECTION 14 TRANSFER

Industry Number (Member)	<input type="text"/>	
Title	Initials	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

Identity / Passport Number	<input type="text"/>
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Tax Number	Gender (Please tick block)	Date Of Birth (YYYYMMDD)
<input type="text"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	<input type="text"/>

Have you been divorced before?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Are you aware of a divorce order in respect of an allocation of a portion of your Sentinel pension interest to your ex-spouse?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If yes, has this amount been paid to your ex-spouse?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
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### POSTAL ADDRESS

P O Box Number	Suburb, City or Town	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

### RESIDENTIAL ADDRESS

Street Number	Street Name
<input type="text"/>	<input type="text"/>
Suburb, City or Town	Postal Code
<input type="text"/>	<input type="text"/>

### CONTACT DETAILS

Tel No	Code	Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
E-Mail	<input type="text"/>	
<input type="text"/>	<input type="text"/>	

### ELECTION TO TRANSFER OR DEFER WITH SENTINEL *(Tick Applicable Block Only)*

Transfer	<input type="checkbox"/>	Non-Contributing (Defer) with Sentinel	<input type="checkbox"/>
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### PRODUCT DETAILS FOR TRANSFER

Name Of Financial Institution	<input type="text"/>
Full Name of Approved Fund	<input type="text"/>
Approved Fund SARS Registration Number	1 8 / 2 0 / <input type="text"/>
Approved Fund FSB Registration Number	1 2 / 8 / <input type="text"/>
Approved Pension Fund	<input type="checkbox"/>
Approved Provident Fund	<input type="checkbox"/>



### WITHDRAWAL APPLICATION - SECTION 14 TRANSFER

Industry Number (Member)

#### BANKING DETAILS OF FINANCIAL INSTITUTION

Name of account holder	<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"/>			
Name of Bank	<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"/>			
Branch name	<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"/>			
Account 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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Branch code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

#### ADMINISTRATOR DETAILS

Name	<input type="text"/>																																
Tel No	Code	<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"/>	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"/>
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"/>	<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 : DOCUMENTARY REQUIREMENTS CHECKLIST

1	Letter from Employer confirming change in conditions of employment	<input type="checkbox"/>
2	Relevant Divorce Order and Divorce Agreement (if applicable).	<input type="checkbox"/>
3	Copy of Identity Document or Passport	<input type="checkbox"/>

#### DECLARATION BY MEMBER

By signing this form I confirm that I realise, understand, acknowledge and am satisfied that:

- **I have read the brochure and understand the content and implications contained therein.**
- After changes to my conditions of employment I have the option to retain membership as a non-contributory member subject to the terms and conditions contained in the Rules of the Fund.
- My fund credit on transfer will not include death or disability cover. Such cover ceases when my contributory membership ceases.
- If I knowingly mislead the Fund or withhold relevant information, including those in relation to divorce, civil and/or criminal proceedings can be instituted against me. The Fund will be absolved of liability for loss which any person may suffer as a result.
- My financial advisor is qualified and authorised in terms of the applicable legislation to provide the services rendered and must disclose available options and other information relevant to me. I cannot hold the Fund liable if my advisor did not disclose information or gave inappropriate advice which may result in me suffering any loss or inconvenience.
- My election is irrevocable and the Fund will not be obliged to allow the transaction to be reversed once payment has been made.
- According to my instructions a Section 14 Transfer will constitute full and final settlement of all claims against the Fund. The Fund will have no further liability toward any person in respect of this or any other benefit relating to my membership.

I hereby elect to transfer my fund credit in line with the above application.

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