SENTINEL
Retirement Fund

WITHDRAWAL APPLICATION - SECTION 14 TRANSFER

Industry Number (Member)

Title | Initials | Surname

Identity / Passport Number

Tax Number | Gender (Please tick block) | Date Of Birth (YYYYMMDD)

Male | Female | Y Y Y Y M M D D

Have you been divorced before? Yes | No

Are you aware of a divorce order in respect of an allocation of a portion of your pension interest to your ex-spouse? Yes | No

If yes, has this amount been paid to your ex-spouse? Yes | No

POSTAL ADDRESS

P O Box Number | Suburb, City or Town | Postal Code

RESIDENTIAL ADDRESS

Street Number | Street Name

Suburb, City or Town | Postal Code

CONTACT DETAILS

Tel No | Code | Number

E-Mail

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

Transfer | Non-Contributing (Defer) with Sentinel

PRODUCT DETAILS FOR TRANSFER

Name Of Financial Institution

Full Name of Approved Fund

INDICATE THE TYPE OF FUND *(Tick Applicable Block Only)*

Approved Pension Fund | Approved Provident Fund | Approved Retirement Annuity

BANKING DETAILS OF FINANCIAL INSTITUTION

Name of account holder

Name of Bank

Branch name

Account number | Branch code

SENTINEL
Retirement Fund

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Industry Number (Member)								

ADMINISTRATOR DETAILS

Name																								
Tel No	Code									Number														
E-Mail																								

IMPORTANT : DOCUMENTARY REQUIREMENTS CHECKLIST

1	Letter from Employer confirming change in conditions of employment	
2	Relevant Divorce Order and Divorce Agreement (if applicable).	
3	Copy of Identity Document or Passport	

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)							
Y	Y	Y	Y	M	M	D	D

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