



DISMISSAL – INDEMNITY FORM

Industry Number (Member)

Title
Initials
Surname

Identity / Passport Number

1. I was dismissed by my employer, my last day of service being Date (YYYYMMDD)

2. I have claimed payment of a benefit or the transfer of my fund credit from Sentinel Retirement Fund.

3. If I dispute my dismissal and the CCMA or court orders that I be reinstated to employment with full pension rights (or if my employer reaches an agreement with me to that effect), any benefit paid to or transferred by Sentinel following my dismissal will not have been due. In that case I will be obliged to reimburse Sentinel the benefit, plus interest if applicable.

4. If the afore-mentioned situation occurs and I fail to reimburse Sentinel, any subsequent benefit and the taxation thereof will take into account the benefit paid previously, and I indemnify Sentinel from liability for any loss suffered by me and/ or any other person as a result.

Signature of Member

Date (YYYYMMDD)