

## WITHDRAWAL APPLICATION - FULL CASH

Industry Num	ber (Member	)												
Title	Initials			Surname										
				Full Nar	nes (Fi	rst Two	Names i	n Full)						
1						2								
Identity / Passport Number														
Tax Number Gender (Please tick block) Date							ate Of I	Of Birth (YYYYMMDD)						
						Ма	е	Female		Y	Y	Y	MD	D
Have you been divorced before?							Yes	No						
Are you aware of a ex-spouse?	a divorce orde	er in resp	ect of an a	llocation	of a poi	rtion of y	our Sen	tinel pensi	on interest	to your		Yes	No	
If yes, has this amount been paid to your ex-spouse?							No	N/A						
				РО	STA	L AD	DRES	SS						
P O Box Numbe	er				Sub	urb, City	or Tow	า				ı	Postal Cod	le
				RESID	ENT	ΓIAL	ADDF	RESS						
Street Number							Stre	et Name						
Suburb, City or Town							F	Postal Cod	le					
				СО	NTA	CT D	ETAII	_S						
Tel No	Code					Numb	er							
Mobile No	Code					Numb	er							
E-Mail														
PLEASE IND	ICATE THE F	PREFER	RED METH	OD OF	СОММ	UNICAT	ION BY	THE FUN	D BY TICK	(ING TH	E APP	LICABLE	BLOCK	
SMS			E-MAIL			TELEPHONIC			IC			POSTAL		
		PLE	EASE S	ELEC	TRE	EASO	N FO	R DIS	CHARC	3E				
Withdrawal due to	resignation /	dismissa	al / end of c	contract /	medica	ıl	Wit	hdrawal d	ue to retre	nchment				
CURRENT EMPLOYMENT DETAILS														
State name of employer if currently employed Date Er									ate Emp	nployed (YYYYMMDD)				
										Υ	Y	Y	MD	D



## WITHDRAWAL APPLICATION – FULL CASH (CONTINUED)

Industry Number (Member)						
	BANK DETAILS OF MEMBER (All alterations must be signed by applicant and bank official)					
То	be verified by Bank Official as correct and active and belonging to the Applicant.					
Surname						
Initials						
ID/Passport Number						
Name of Bank						
Branch Name						
Branch Code						
Account number						
Type of account	Savings Cheque Cheque					
Date opened (YYYY	MMDD) Y Y Y M M D D					
Date (YYYYMME						
1 Copy of Identity Doci 2 Proof of termination of Copy of retrenchmer 4 Relevant Divorce Or	ment or copy of Passport (only if no Identity document exists).  f employment stating reason for termination.  letter (if applicable).  ler and Divorce Agreement (if applicable).  ed and stamped by bank and signed by member)					



## WITHDRAWAL APPLICATION - FULL CASH (CONTINUED)

I	ndustry Number (Member)
	DECLARATION BY MEMBER
By s	igning 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.
•	The application for benefits may be cancelled in the event of the application form not having been properly completed and the required supporting documents not having been submitted with the application form.
•	I have a period of 24 months after termination of my service or contributory membership in which to elect an option. This includes the option to retain membership as a non-contributory member subject to the terms and conditions contained in the Rules of the Fund.
•	I may qualify for a lifelong pension if I am eligible for an early retirement benefit or if I can prove I am totally and permanently disabled as envisaged in the Rules.
•	I confirm that I am aware of the tax implications in the event of electing a full cash withdrawal benefit.
•	I can only withdraw my fund credit if I terminate my membership of the Fund. If I do so I will not qualify for a retirement benefit and will thus forfeit any claim to a lifelong monthly pension for myself or for my spouse on my death.
•	My fund credit on withdraw will <u>not</u> include death or disability cover. Such cover ceases when my service or 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 election is irrevocable and the Fund will not be obliged to allow the transaction to be reversed once payment has been made.
•	Payment according to my instructions 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 he	reby elect to withdraw my fund credit in line with the above application.
	Signature of Member
	Date (YYYYMMDD)
	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