SENTINEL
Retirement Fund

WITHDRAWAL APPLICATION – FULL CASH

Industry Number (Member)

Title | Initials | Surname

Full Names (First Two Names in Full)

1 | 2

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 Sentinel pension interest to your ex-spouse? Yes | No

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

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

Mobile No | Code | Number

E-Mail

PLEASE INDICATE THE PREFERRED METHOD OF COMMUNICATION BY THE FUND BY TICKING THE APPLICABLE BLOCK

SMS | E-MAIL | TELEPHONIC | POSTAL

PLEASE SELECT REASON FOR DISCHARGE

Withdrawal due to resignation / dismissal / end of contract / medical | Withdrawal due to retrenchment

CURRENT EMPLOYMENT DETAILS

State name of employer if currently employed | Date Employed (YYYYMMDD)

Y Y Y Y M M D D

SENTINEL
Retirement Fund

WITHDRAWAL APPLICATION – FULL CASH (CONTINUED)

Industry Number (Member)	

BANK DETAILS OF MEMBER

(All alterations must be signed by applicant and bank official)

To 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 ☐
Date opened (YYYYMMDD)	Y Y Y Y M M D D

Signature of Account Holder	Initials and Surname of Bank Official
	Signature of Bank Official
	OFFICIAL STAMP OF BANK
Date (YYYYMMDD)	
Y Y Y Y M M D D	

IMPORTANT : DOCUMENTARY REQUIREMENTS CHECKLIST

1	Copy of Identity Document or copy of Passport (only if no Identity document exists).	☐
2	Proof of termination of employment stating reason for termination.	☐
3	Copy of retrenchment letter (if applicable).	☐
4	Relevant Divorce Order and Divorce Agreement (if applicable).	☐

SENTINEL
Retirement Fund

WITHDRAWAL APPLICATION – FULL CASH (CONTINUED)

Industry Number (Member)								

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.**
- 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 not 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 hereby elect to withdraw 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