



WITHDRAWAL APPLICATION – UNCLAIMED BENEFIT (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	<input type="text"/>
Initials	<input type="text"/>
ID/Passport Number	<input type="text"/>
Name of Bank	<input type="text"/>
Branch Name	<input type="text"/>
Branch Code	<input type="text"/>
Account number	<input type="text"/>
Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Cheque
Date opened (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"/>

<input type="text"/> Signature of Account Holder <div style="border: 1px solid black; height: 150px; width: 100%;"></div>	<input type="text"/> Initials and Surname of Bank Official <hr/> <input type="text"/> Signature of Bank Official <hr/> <div style="border: 1px solid black; padding: 20px; text-align: center; width: 100%;"> OFFICIAL STAMP OF BANK </div>
<input type="text"/> 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"/>	

IMPORTANT : DOCUMENTARY REQUIREMENTS CHECKLIST		
1	Copy of Identity Document or copy of Passport (only if no Identity document exists).	<input type="checkbox"/>
2	Proof of termination of employment stating reason for termination.	<input type="checkbox"/>
3	Copy of retrenchment letter (if applicable).	<input type="checkbox"/>
4	Relevant Divorce Order and Divorce Agreement (if applicable).	<input type="checkbox"/>
5	Bank Statement (signed and stamped by bank and signed by member)	<input type="checkbox"/>
6	Proof of residence	<input type="checkbox"/>



WITHDRAWAL APPLICATION – UNCLAIMED BENEFIT (CONTINUED)

Industry Number (Member)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
--------------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

DECLARATION BY MEMBER

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

- 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.
- 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.
- 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.

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