SENTINEL
Retirement Fund

APPLICATION FOR RETIREMENT BENEFIT – FULLY COMMUTE

Industry Number

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

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

Home Tel No | Code | Number

Cell 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

MARITAL STATUS

Have you ever been divorced? (Please tick appropriate block) | Yes | No | If YES, state number of times

Do you have any liability to any ex-spouse in respect of pension interest? | Yes | No

LUMPSUM OPTION

Fully commuted benefit

Only in cases where the total fund credit does not exceed R247 500 including all interest and growth may the retirement benefit be commuted to a lumpsum only payment. By electing this option the member accepts that all spouse's benefits will be forfeited and that no further benefits shall become payable to any party.

Signature of Member

Date (YYYYMMDD)

Y Y Y Y M M D D

SENTINEL
Retirement Fund

APPLICATION FOR RETIREMENT BENEFIT – FULLY COMMUTE (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	Copies of your and your spouse's Identity Documents or Passports (only if no identity document exists).	☐
2	Copy of marriage certificate (if applicable).	☐
3	Proof of termination of Employment.	☐
4	Relevant Divorce Order and Divorce Agreement (if applicable).	☐

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