



APPLICATION FOR RETIREMENT BENEFIT – FULLY COMMUTE

Industry Number	<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"/>
Title	Initials	Surname							
<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"/>	<input type="text"/>

Full Names (First Two Names in Full)

1	<input type="text"/>	2	<input type="text"/>
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Identity / Passport Number

Tax Number	Gender (Please tick block)	Date Of Birth (YYYYMMDD)
<input type="text"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	<input type="text"/>

POSTAL ADDRESS

P O Box Number	Suburb, City or Town	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

RESIDENTIAL ADDRESS

Street Number	Street Name
<input type="text"/>	<input type="text"/>
Suburb, City or Town	Postal Code
<input type="text"/>	<input type="text"/>

CONTACT DETAILS

Home Tel No	Code	Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Cell No	Code	Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
E-Mail	<input type="text"/>	

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

SMS	<input type="checkbox"/>	E-MAIL	<input type="checkbox"/>	TELEPHONIC	<input type="checkbox"/>	POSTAL	<input type="checkbox"/>
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MARITAL STATUS

Have you been divorced before?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
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 <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, has this amount been paid to your ex-spouse?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

LUMPSSUM 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)
<input type="text"/>	<input type="text"/>



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	<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"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> M <input type="text"/> M <input type="text"/> D <input type="text"/> D

<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Signature of Account Holder</div> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">Date (YYYYMMDD)</div> <div style="display: flex; justify-content: space-between;"> YYYYMMDD </div>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Initials and Surname of Bank Official</div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Signature of Bank Official</div> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <div style="border: 1px solid black; padding: 20px; text-align: center; margin-top: 10px;"> OFFICIAL STAMP OF BANK </div>
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IMPORTANT : DOCUMENTARY REQUIREMENTS CHECKLIST		
1	Copies of your and your spouse's Identity Documents or Passports (only if no identity document exists).	<input type="checkbox"/>
2	Copy of marriage certificate (if applicable).	<input type="checkbox"/>
3	Proof of termination of Employment.	<input type="checkbox"/>
4	Relevant Divorce Order and Divorce Agreement (if applicable).	<input type="checkbox"/>

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