



# APPLICATION FOR RETIREMENT BENEFIT

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"/>
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## PERSONAL DETAILS

Title	Initials	Surname
<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	<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"/>
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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	<input type="text"/>	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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Cell No	Code	<input type="text"/>	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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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E-Mail	<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"/>	<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"/>
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### 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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## APPLICATION FOR RETIREMENT BENEFIT (CONTINUED)

Industry Number

### MARITAL STATUS

Have you been divorced before? Yes  No

Are you aware of a divorce order in respect of an allocation of a portion of your pension interest to your ex-spouse? Yes  No

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

Married  Married But Separated  Single  Widowed  Cohabiting Partner

### DETAILS OF SPOUSE/PARTNER

Title  Initials  Surname

Identity / Passport Number

Gender (Please tick block) Male  Female  Date Of Birth (YYYYMMDD)

Do you want to select a Flex Pension Option (If Applicable). Yes  No

### SECTION 1 : LUMP SUM OPTION

Maximum 1/3 Lumpsum  No Lumpsum

Selected Lumpsum Amount R           .

### SECTION 2 : MONTHLY PENSION

#### (A) PENSION OPTIONS FOR MEMBERS WITH A SPOUSE

PLEASE INDICATE YOUR SELECTION BY MARKING ONE OF THE FOLLOWING (Tick Applicable Block)

Term Certain Guarantee 5 Years  10 Years  15 Years  20 Years  25 Years

75% Spouse pension after completion of term certain guarantee period  OR 100% Spouse pension after completion of term certain guarantee period

#### (B) PENSION OPTIONS FOR MEMBERS WITH NO SPOUSE

ONLY TO BE COMPLETED BY SINGLE, DIVORCED OR WIDOWED MEMBERS WHERE NO PROVISION IS TO BE MADE FOR A SPOUSE PENSION.

Term Certain Guarantee 5 Years  10 Years  15 Years  20 Years  25 Years





# APPLICATION FOR RETIREMENT BENEFIT (CONTINUED)

Industry Number

## ACKNOWLEDGMENT : OPTION TO ELECT RETIREMENT BENEFIT

I hereby confirm as follows:

1. I have completed the Fund's Application for a Retirement Benefit.
2. I understand that:
  - a. If I leave service on or after my NRA, or claim a benefit after my NRA, I shall no longer have the option in terms of the Fund's Rules to:
    - i) Claim an in-service disability benefit; or
    - ii) Claim a withdrawal benefit; or
    - iii) Transfer my benefit or fund credit to another fund
  - b. If I leave service on or after my NRA, or claim a benefit after my NRA, my only option will be to claim a retirement benefit from the Fund, subject to the terms, conditions, restrictions and options provided for in the Rules;
  - c. In terms of the Fund's Rules read with current legislation and income tax practice, a maximum of one-third of the capital value of my benefit may be commuted for a lump sum. The balance is payable as a monthly pension. This is subject to certain exceptions which may or may not apply to me;
  - d. I may elect to commute less than one-third of the benefit, or even to not commute at all (i.e. to take the entire benefit as a monthly pension);
  - e. The Fund's Rules also provide other options relating to my benefit which have been explained to me;
  - f. The available options are subject to the Rules;
  - g. The Rules do not currently provide for a retiring or retired member to purchase an annuity from a third party with his/her retirement benefit or part thereof;
  - h. It is incumbent on me:
    - i. To ensure that I understand the options available to me and their consequences;
    - ii. To elect options best suited to my needs and if necessary, to obtain advice from a financial adviser or intermediary;
    - iii. To ensure that in completing the form, I elect the options that I intend to elect;
  - i. The Fund is entitled to assume that I understand my options and to give effect thereto;
  - j. Once the Fund gives effect to my options, I cannot revoke or change them. This includes:
    - i. My choice to take a retirement benefit (if I am eligible for another benefit);
    - ii. An election to commute less than one-third of my benefit for a lump sum, or to not commute at all (i.e. to take the entire benefit as a monthly pension);
    - iii. Any other options elected, subject to eligibility (including term certain guarantee, spouse's pension, second and third tier options, etc.);
3. I also acknowledge that by signing this document:
  - a. I waive any right to claim that I was not informed of the consequences of my elections;
  - b. I will have no basis to dispute the validity of my elections through the courts, the Pension Funds Adjudicator or any other forum, or to seek an order that the Fund must change any option/s that I elected;
  - c. I understand that my reasons for electing these options or any subsequent change in my financial or personal circumstances do not affect what is stated here.
4. I understand this document and sign it voluntarily and without duress.

Signature

Date (YYYYMMDD)

## APPLICATION FOR RETIREMENT BENEFIT (CONTINUED)

### NOTES ON COMPLETING THE NOMINATION FORM

**Please note the following important information before completing your nomination form:**

1. This nomination only applies to lump sum death benefits payable in terms of the Rules of the Fund. Death benefits are awarded and paid in terms of sect.37C of the Pension Fund Act to dependants, nominees or your Estate.
2. The Pension Funds Act defines a “dependant” as:
  - 2.1. A person to whom the pensioner is legally liable for maintenance; or
  - 2.2. A person who is in fact, in the opinion of the Trustees, dependent on the pensioner for maintenance; or
  - 2.3. The spouse of the pensioner and living together relationships of a permanent nature.
  - 2.4. Biological/legally adopted children of the pensioner including major children; or
  - 2.5. A person to whom the pensioner would have been legally liable for maintenance had he/she not died.
3. It is vital that the Trustees are informed of all persons who fall in the category of “Dependants”. If they do not have this information there could be a considerable delay in determining and validating dependants before benefits can be paid.  
  
You must list all ‘dependants’ in this nomination form irrespective of whether they are dependent on you or not. Should you not wish for them to receive a portion of the benefit simply write 000 % next to such person(s) name(s) and provide motivation to support your wishes.
4. You may also nominate people or organisations to receive a portion of or the entire benefit payable on your death. They are known as ‘nominees’. A nominee is a person who is not a dependant on you and whom you wish to share in the benefit.
5. If you feel that the benefit should be managed or protected on behalf of a beneficiary who is incapable of taking care of his/her own affairs, a beneficiary fund can be created to protect his/her share of the benefit.
6. If you are not survived by dependants and your Estate is insolvent, the Fund will bring your Estate to solvency before making any payment to the nominees, in such instances payment to nominees.
7. Current tax legislation will be applied to and benefits may be subjected to tax, in the hands of the deceased pensioner who provided for a death benefit lump sum.
8. The nomination is made, acknowledging that:
  - 8.1. It is not binding on the Fund;
  - 8.2. It may be changed at any time by the pensioner who provided for the benefit;
  - 8.3. If any dependant or nominee should predecease you, their estate or heirs will not be entitled to claim a benefit, or portion thereof.
9. **PLEASE COMPLETE THIS FORM AND ENSURE THAT THE % OF BENEFIT COLUMN ADDS UP TO 100%.**  
If required additional pages may be added to the nomination, but must be dated and signed.

# PENSIONER NOMINATION FORM (CONTINUED)

Industry Number

## 1. DEPENDANTS & NOMINEES

	Initials and Surname	Date of Birth (YYYYMMDD)	Relationship to Pensioner	Telephone Number	Is this Person Dependant on you?	% of Benefit	Beneficiary Fund Required
1.		<input type="text"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/> %	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.		<input type="text"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/> %	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.		<input type="text"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/> %	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.		<input type="text"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/> %	Yes <input type="checkbox"/> No <input type="checkbox"/>
5.		<input type="text"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/> %	Yes <input type="checkbox"/> No <input type="checkbox"/>
6.		<input type="text"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/> %	Yes <input type="checkbox"/> No <input type="checkbox"/>
7.		<input type="text"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/> %	Yes <input type="checkbox"/> No <input type="checkbox"/>
8.		<input type="text"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/> %	Yes <input type="checkbox"/> No <input type="checkbox"/>

## 2. DETAILS OF ALTERNATIVE BENEFICIARIES

In the event that the abovementioned person(s) pre-decease you please provide alternative persons/institutions that must be considered to share in your death benefit.

	Initials and Surname	Date of Birth (YYYYMMDD)	Relationship to Pensioner	Telephone Number	Is this Person Dependant on you?	% of Benefit	Beneficiary Fund Required
1.		<input type="text"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/> %	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.		<input type="text"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/> %	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.		<input type="text"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/> %	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.		<input type="text"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/> %	Yes <input type="checkbox"/> No <input type="checkbox"/>

Signature of Pensioner

Date (YYYYMMDD)



# APPLICATION FOR RETIREMENT BENEFIT (CONTINUED)

## PENSIONER NOMINATION FORM (CONTINUED)

Industry Number (Pensioner)

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**Comments/Motivation (Continued):** Please add additional page, ensure it is dated and signed.

[Large empty grid area for comments]

I request that the Trustees pay the amount which may become payable from the Fund as a result of my death, to the persons mentioned above subject to the provisions of the rules of the Fund and the provisions of Section 37C of the Pension Funds Act. I also realise that in certain circumstances the Trustees of the Fund will have the descretion to ignore my request for the sake of equity and reasonableness in the disposal of such benefit. This nomination revokes and replaces all previous nominations made by me.

***Nominations should be reviewed regularly!***

Signature of Pensioner

[Empty box for signature]

Date (YYYYMMDD)

□ □ □ □ □ □ □ □

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