

APPLICATION TO CONVERT FLEXIBLE PENSION TO A GUARANTEED PENSION

Industry Number (Pensioner)		ID/F	Passport Number			
IRREVOCABLE.	Ils on record will be used for pavi					
	The existing banking details on record will be used for paying the monthly pensions					
Title Initials	Surname					
	Full Names (First Two Name	es in Full)				
1	2					
Identity / Passport	Number					
Tax Numl	Gender	(Please tick block)	Date Of Birth (YYYYMMDD)			
	Male	Female	y Y Y M M D D			
	POSTAL ADDRI	ESS				
P O Box Number	Suburb, City or To	wn	Postal Code			
	RESIDENTIAL ADD	DRESS				
Street Number	S	Street Name				
	Suburb, City or Town		Postal Code			
	CONTACT DETAILS					
	CONTACT DETA	AILS				
Tel No Code	CONTACT DETA	AILS				
		AILS				
	Number	AILS				
Mobile No Code E-Mail	Number Number		NG THE APPLICABLE BLOCK			
Mobile No Code E-Mail	Number		NG THE APPLICABLE BLOCK POSTAL			
Mobile No Code E-Mail PLEASE INDICATE THE PREI	Number Number Number FERRED METHOD OF COMMUNICATION E	BY THE FUND BY TICKI				
Mobile No Code E-Mail PLEASE INDICATE THE PREI	Number Number Number FERRED METHOD OF COMMUNICATION E	BY THE FUND BY TICKI				
Mobile No Code E-Mail PLEASE INDICATE THE PREI SMS Have you been divorced before?	Number Number Number FERRED METHOD OF COMMUNICATION E	BY THE FUND BY TICKING TELEPHONIC	POSTAL Yes No			
Mobile No Code E-Mail PLEASE INDICATE THE PREI SMS Have you been divorced before? Are you aware of a divorce order in	Number Number Number Number FERRED METHOD OF COMMUNICATION E E-MAIL MARITAL STAT respect of an allocation of a portion of your S	BY THE FUND BY TICKING TELEPHONIC	POSTAL Yes No			



APPLICATION TO CONVERT FLEXIBLE PENSION TO A GUARANTEED PENSION (CONTINUED)

Industry Number (Pensioner)					
DETAILS (OF SPOUSE/PARTNER (IF APPLICABLE)				
By completing this section you acknowledge the hereby instruct that a monthly pension become	at you accept that the person elected below is your spouse at application date and that you payable to this person in the event of your death.				
Title	Surname				
Identity / Passport Number					
Tax Number	Tax Number Gender (Please tick block) Date Of Birth (YYYYMMDD)				
	Male Female W W W M M D				
	MONTHLY PENSION				
PENSION OP	TIONS FOR PENSIONERS WITH A SPOUSE				
PLEASE INDICATE YOUR S	ELECTION BY MARKING ONE OF THE FOLLOWING (Tick Applicable Block)				
	OPTION 1				
Term Certain Guarantee	5 Years 10 Years 15 Years 20 Years 25 Years				
	OPTION 2				
75% Spouse pension after completion of term	certain guarantee period				
	OR				
100% Spouse pension after completion of term	certain guarantee period				
Note: The spouse pension provision is applicative event of your death.	ble to your spouse at application date and will become payable to this specific spouse only, in				
PENSION OPT	TONS FOR PENSIONERS WITH NO SPOUSE				
	ORCED OR WIDOWED PENSIONERS WHERE NO PROVISION IS TO BE MADE FOR A UR SELECTION BY MARKING ONE OF THE FOLLOWING OPTIONS.				
Term Certain Guarantee	5 Years 10 Years 25 Years 25 Years				
Signature of Pensi	oner				
	Date (YYYYMMDD)				
	Y Y Y M M D D				



PENSIONER NOMINATION FORM

NOTES ON COMPLETING THE NOMINATION FORM

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

- 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 dependents,
 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 aconsiderable delay in determing and validating dependants before benefits can be paid.
 - You must list all 'dependants' in this in this nomination form irrespective of whether they are dependent on you or not. Should you not wish for them to receive in 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.
- 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)

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	Beneficiary Fund Required	8	Š	N _o	S _o	N _o	S S	N _o	Š
		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	nefit	%	%	%	%	%	%	%	%
	% of Benefit								
mber	%								
Industry Number	nt on	e N	o _N	No No	o _N	No	No No	No	o _N
npul	Is this Person Dependant on you?								_
	Is the Dep	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Telephone Number								
	Relationship to Pensioner								
	Date of Birth (YYYYMMDD)	>	>	>	>	>	>	>	>
1. DEPENDANTS & NOMINEES	Initials and Surname								
1.		-	2.	ю	4.	5.	9	7.	ω _.
									4

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.

Beneficiary Fund Required	ON	o N	o N	N _O		(MMDD)	
Beneficia Requ	Yes	Yes	Yes	Yes		Date (YYYYMMDD)	
efit	%	%	%	%		>	
% of Benefit							
son t on	o N	N _O	No	No			
Dependant on you?	Z	Z	Z	Z			
Dep	Yes	Yes	Yes	Yes			
Telephone Number							
Relationship to Pensioner							
Date of Birth (YYYYMMDD)	>	>	>	>			
Initials and Surname					Signature of Pensioner		
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PENSIONER NOMINATION FORM (CONTINUED)

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