

ACKNOWLEDGEMENT/ VERKLARING::

OPTION TO NOT CONTINUE WITH DISABILITY APPLICATION



Please send your completed form to:

Mail: The Manager, Sentinel Retirement Fund, P O Box 61172, Marshalltown, 2107

E-mail: info@sentinel.za.com

Hand in: at your nearest Client Service Centres situated in Sandton, Welkom, Klerksdorp, Carletonville and Witbank/Emalahleni.

Industry / Participant Number (Member)											
Title	Initials	Surname									

I HEREBY CONFIRM AS FOLLOWS/ EK BEVESTIG HIERMEE DIE VOLGENDE:

1. I previously submitted to the Fund an application for a disability retirement benefit.
Dat ek voorheen 'n aansoek vir 'n ongesiktheidsvoordeel by die Fonds ingedien het.
2. To qualify, I am required to prove to the Fund's Board that I am totally and permanently disabled for my own and similar occupation in a specific environment.
Om te kwalifiseer, word van my vereis dat ek aan die Fonds se Raad bewys dat ek totaal en permanent ongesik is vir my eie en 'n soortgelyke beroep in 'n spesifieke omgewing.
3. I have been informed that:
Ek is ingelig dat:
 - a. The Board's Claims Committee is not satisfied I have proved I meet the criteria in 2 above;
Die Raad se eisekommittee nie oortuig is dat ek bewys het dat ek aan die kriteria soos genoem in punt 2 voldoen nie;
 - b. The Committee will reconsider my application if I submit new functional medical evidence.
This is subject to timeperiods specified in the Fund's Rules.
Die kommitee my aansoek sal heroorweeg met die voorlegging van nuwe funksionele mediese inligting.
Hierdie in onderworpe aan die tyd periodes soos gespesifiseer in die fonds se reëls.
4. I know that after leaving the service of a participating employer, I can elect the alternative option to claim a termination benefit or early retirement benefit from the Fund.
Ek verstaan dat nadat my diens vir die deelnemende werkgewer beindig is, ek die alternatiewe opsies van vroeë aftrede of 'n volledige ontrekking kan eis van die Fonds.
5. I have elected to claim a termination / retirement* benefit.
Ek het gekies om die onttrekking / aftredeoodeel te eis.

ACKNOWLEDGEMENT :

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- CONTINUED

Industry / Participant Number (Member)

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6. I have been informed that:

Ek is ingelig dat:

- a. A termination benefit / early retirement benefit does not include the disability cover which is included in an inservice disability benefit. It comprises my fund credit only;
Die ontrekkings / aftredevoordeel nie die ongeskiktheids dekking sal insluit soos ingesluit in die in-diens ongeskiktheidsvoordeel. Dit bestaan slegs uit my fondskrediet;
- b. A termination benefit is payable as a once off lump sum. An early retirement benefit is payable as a monthly pension with a maximum commutation of one-third (subject to certain exceptions which may not apply to me);
Die ontrekkingsvoordeel is betaalbaar slegs as 'n eenmalige kontant bedrag. Die vroeë aftredevoordeel is betaalbaar as 'n maandelikse pensioen met 'n kommutasie van een derde (onderhewig aan sekere uitsonderings wat moontlik nie op my van toepassing is nie);
- c. I cannot receive a termination benefit / early retirement benefit and a disability benefit from the Fund for the same service period;
- d. Once the Fund puts my election into effect:
 - i. I cannot revoke it or change my mind;
 - ii. I will have no claim to any other benefit from the Fund for the same service period, including a disability benefit (or part of a disability benefit);
- e. Once a termination benefit is paid or transferred, no benefit will be payable by the Fund on my death as is the case with a retirement benefit;
- f. A termination withdrawal benefit is generally taxed differently to a retirement benefit.

7. I also acknowledge that by electing this option and signing this document:

- a. I waive any right to claim that I was not informed of the consequences of my election;
- b. I will have no basis to dispute the decision of the Committee as per 3a above through the courts, the Pension Funds Adjudicator or any other forum, or to seek an order that the Fund must award me a disability benefit for the same service period;
- c. I understand that my reasons for electing this option or subsequent change in my financial or personal circumstances do not affect what is stated here.

8. I understand this document and sign it voluntarily and without duress.

If the translated version and the English version differ or in any way leads to ambiguous interoperability, the English version will prevail. (Do obtain input from a Fund Consultant for clarity if this occurs.)

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Signature

Electronic signatures are not permitted to be used on this Application Form.

Date

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Sandton: 5th Floor, 92 Rivonia Road, Wierda Valley, Sandton, 2196 | Toll-Free 0800 776 861
Carletonville: S Buys Office Park, Shop 10, Corner Kaolin and Radium Streets, Tel (011) 481 8290/1
Klerksdorp: 54 Buffeldoring Street, Wilkoppies, Tel (018) 468 7309 | **Welkom:** Shop 24, The Strip, 314 Stateway, Tel (011) 481 8025/6
Emalahleni/Witbank: WCMAS Building, Corner OR Tambo and Susanna Streets, Tel (011) 481 8295/6