

APPLICATION FOR DEATH BENEFITS BY EXECUTOR

LUMP SUM BENEFIT AND /

OR UNPAID PENSION TO THE ESTATE - PENSIONER



Please send your completed application form to:

Mail: The Manager, Sentinel Retirement Fund, PO Box 61172, Marshalltown, 2107
E-mail: info@sentinel.za.com
Hand in: at your nearest Client Service Centre situated in Sandton, Welkom, Klerksdorp, Carletonville or Emalahleni.

IMPORTANT NOTES

- Include a certified copy of the letter of Executorship.
- Include a copy of the Executor's identity document.
- Failure to complete and provide all the information may lead to a delay in finalising the payment due to the estate.

A. DETAILS OF DECEASED PENSIONER

Industry / Participant Number of Deceased										Identity Number of Deceased																					
Title		Initials			Surname of Deceased																										
Full Names (First Two Names in Full)																															
1												2																			
Identity Number Passport Number																															
Tax Number																															
Gender										<input type="checkbox"/> M <input type="checkbox"/> F		Date of Death				Y		Y		Y		Y		M		M		D		D	
Cause of Death																															

B. DETAILS OF EXECUTOR

Name of Executor																			
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POSTAL ADDRESS OF EXECUTOR

PO Box Number					Suburb, City or Town															Postal Code				

BUSSINESS ADDRESS OF EXECUTOR

House / Complex Number					Street Name																			
Suburb					City															Postal Code				

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- CONTINUED



Industry / Participant Number (Member)

CONTACT DETAILS

Home Tel No

Work Tel No

Cell No

Email

Please indicate the preferred method of communication

SMS

Email

Telephonic

Postal

C. BANK DETAILS OF EXECUTOR

Supporting documents:

- Stamped account confirmation letter (not older than 3 months) – signed and dated by account holder, OR
- Stamped Bank statement (not older than 3 months) - signed and dated by account holder

Surname

Initials

ID/Passport Number

Name of Bank

Branch Name

Branch Code

Account Number

Date opened

Y Y Y Y M M D D

Savings

Cheque

Signature

Date

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

Y Y Y Y M M D D

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