

DISMISSAL INDEMNITY FORM



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

Identity | Passport Number

1 I was dismissed by my employer, my last day of service being Date Y Y Y Y M M D D

2 I have claimed payment of a benefit or the transfer of my fund credit from Sentinel Retirement Fund.

3 If I dispute my dismissal and the CCMA or court orders that I be reinstated to employment with full pension rights (or if my employer reaches an agreement with me to that effect), any benefit paid by or transferred by Sentinel following my dismissal will not have been due. In that case I will be obliged to reimburse Sentinel the benefit, plus interest if applicable.

4 If the afore-mentioned situation occurs and I fail to reimburse Sentinel, any subsequent benefit and the taxation thereof will take into account the benefit paid previously, and I indemnify Sentinel from liability for any loss suffered by me and/or any other person as a result.

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