

MERGE OF FUND PLAN RECORDS

MEMBERS ONLY



Please send your completed application form and required documents to:

Mail:

The Manager, Sentinel Retirement Fund, PO Box 61172, Marshalltown, 2107

E-mail:

info@sentinel.za.com

Industry | Participant Number (Member)

Identity | Passport Number

Title

Initials

Surname

Please merge my paid up pension plan

with my pension plan

POSTAL ADDRESS

PO Box Number

Suburb, City or Town

Postal Code

RESIDENTIAL ADDRESS

House | Complex Number

Complex Name

Street Address

Suburb

Postal Code

City

CONTACT DETAILS

Mobile

Mobile

Signature

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

Date

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