

WITHDRAWAL APPLICATION UNCLAIMED BENEFIT

WDBUC001



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.

IMPORTANT : DOCUMENTARY REQUIREMENTS CHECKLIST

| | | |
|---|--|-----|
| 1 | Copy of Identity Document or copy of Passport (only if no Identity Document exists). | |
| 2 | Proof of termination of employment stating reason for termination. | |
| 3 | Copy of retrenchment letter (if applicable). | |
| 4 | Relevant Divorce Order and Divorce Agreement (if applicable). | |
| 5 | BANKING DETAILS <ul style="list-style-type: none"> Bank to complete, sign and stamp page 3 of the application form | |
| 6 | Proof of residential address (Not older than 3 months) <ul style="list-style-type: none"> a municipal account (Statement of account); OR a letter from the employer confirming the member's address; OR a bank statement; OR any other account that clearly shows the member's address. | |
| 7 | Mozambique Members – Teba Contract. | |
| 8 | IEMAS Loan. | Y N |

WITHDRAWAL APPLICATION UNCLAIMED BENEFIT

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| | | |
|--|-----------------|---------|
| Industry / Participant Number (Member) | | |
| | | |
| Title | Initials | Surname |
| | | |
| Full Names (First Two Names in Full) | | |
| 1 | | 2 |
| Identity Passport Number | | Gender |
| | | M F |
| Tax Number | Birth Date | |
| | Y Y Y Y M M D D | |
| Have you been divorced before? | | Y N |
| Are you aware of a divorce order in respect of an allocation of a portion of your Sentinel pension interest to your ex-spouse? | | Y N |
| If yes, has this amount been paid to your ex-spouse? | | Y N N/A |

POSTAL ADDRESS

| | | |
|---------------|----------------------|-------------|
| PO Box Number | Suburb, City or Town | Postal Code |
| | | |

RESIDENTIAL ADDRESS

| | | |
|------------------------|--------------|-------------|
| House / Complex Number | Complex Name | |
| | | |
| Street Address | | |
| | | |
| Suburb | City | Postal Code |
| | | |

CONTACT DETAILS

| | | | | |
|---|-----|-------|------------|--------|
| Tel | | | | |
| Mobile | | | | |
| E-mail | | | | |
| Please indicate the preferred method of communication | SMS | Email | Telephonic | Postal |

PLEASE SELECT REASON FOR DISCHARGE

| | | | | | |
|-------------|-----------|--------------|------------|-----------------|---------|
| Resignation | Dismissal | Retrenchment | Retirement | End of Contract | Medical |
|-------------|-----------|--------------|------------|-----------------|---------|

CURRENT EMPLOYMENT DETAILS

| | |
|--|-----------------|
| State name of employer if currently employed | |
| Date employed | Y Y Y Y M M D D |

- CONTINUED



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

[illegible]

To be verified by Bank Official as correct and active and belonging to the Applicant.

Signature of Member

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

WITHDRAWAL APPLICATION UNCLAIMED BENEFIT

- CONTINUED



Industry/Participant Number of Deceased

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

DECLARATION BY MEMBER

By signing this form I confirm that I realise, understand, acknowledge and am satisfied that:

- The application for benefits may be cancelled in the event of the application form not having been properly completed and the required supporting documents not having been submitted with the application form.
- My fund credit on withdraw will not include death or disability cover. Such cover ceases when my service or contributory membership ceases.
- If I knowingly mislead the Fund or withhold relevant information, including those in relation to divorce, civil and/or criminal proceedings can be instituted against me. The Fund will be absolved of liability for loss which any person may suffer as a result.
- Payment according to my instructions will constitute full and final settlement of all claims against the Fund. The Fund will have no further liability toward any person in respect of this or any other benefit relating to my membership.

Signature of Member

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