

TRANSFERS TO THE RETIREMENT COMPONENT: FROM SAVINGS OR VESTED COMPONENTS

IN2POTTRF/001



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 Emalaheni.

IMPORTANT : DOCUMENTARY REQUIREMENTS CHECKLIST

1	Copy of Identity Document or copy of Passport (only if no Identity Document exists).	
2	Proof of residential address (Not older than 3 months) <ul style="list-style-type: none">a municipal account (Statement of account); ORa letter from the employer confirming the member's address; ORa bank statement; ORany other account that clearly shows the member's address.	

BENEFIT EFFECTIVE DATE - *The date for calculation purposes.*

- If the Fund receives your application prior to or on your last day of service, your benefit effective date will be the day following your last day of service;
- If the Fund receives your application after your last day of service, your benefit effective date will be the date on which the Fund receives your application.

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- CONTINUED



Your application is irrevocable and the Fund can't reverse the transaction once completed.

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

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

Telephone				
Mobile				
Email				
Please indicate the preferred method of communication	SMS	Email	Telephonic	Postal

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Industry / Participant Number (Member)

COMPONENT TO TRANSFER FROM & AMOUNT

Please indicate the Component and amount you would like to transfer to your Retirement Component!

From my SAVINGS Component to my Retirement Component

Y

N

If YES, please indicate:

Amount to be transferred

%

or

R

Only one SAVINGS COMPONENT transfer is allowed per tax-year

From my VESTED Component to my Retirement Component

Y

N

If YES, please indicate:

Amount to be transferred

%

or

R

Signature

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

Date

Y

Y

Y

Y

M

M

D

D

TRANSFERS TO THE RETIREMENT COMPONENT: FROM SAVINGS OR VESTED COMPONENT

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Industry / Participant Number (Member)

DECLARATION BY MEMBER

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

- I have read the Two-Pot brochure and understand the content and implications contained therein.
- If I knowingly mislead the Fund or withhold relevant information, including information 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.
- If I use a financial advisor, the advisor is qualified and authorised in terms of the applicable legislation to provide the services rendered and must disclose available options and other information relevant to me. I cannot hold the Fund liable if my advisor did not disclose information or has given inappropriate advice which may result in me suffering loss or inconvenience.
- My election is irrevocable and the Fund will not be obliged to allow the transaction to be reversed once processed.

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