

Please send your completed application form to:

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

### **IMPORTANT : DOCUMENTARY REQUIREMENTS CHECKLIST**

1	Copy of Identity Document or copy of Passport (only if no Identity document exists).
2	2 Copy of marriage certificates AND the ID/Passports of spouse's (if applicable).
3	Proof of termination of Employment.
4	Relevant Divorce Order and Divorce Agreement (if applicable).
6	Proof of Tax Number (Payslip or IRP5).
7	BANKING DETAILS
8	Mozambican Members: Teba Contract



EVENT	QUALIFYING CRITERIA	BENEFIT DETAILS	OPTIONS	TAX TRE	ATMENT		
RETIREMENT READ MORE! PENSION INCOME CHOICE BROCHURE	The option to retire from the Fund becomes available if you retire, resign, are retrenched or dismissed from employment and you are within 10 years from NRA (being the earliest retirement date) and any chosen later date, even if this date extends beyond	<ul> <li>The benefit is based on your Fund Credit.</li> <li>A retirement benefit consists of:</li> <li>An option to take up to one-third of your Fund Credit in a lump sum, and</li> <li>Monthly income sculpted from the Sentinel Pension</li> </ul>	After deciding on the value of lump sum required, you can sculpt the ideal monthly pension income from the Pension Income Choice model with the remaining capital. A guaranteed pension is compulsory, up to a level of at least R12,500 per month. The following applies: • Pensions are guaranteed for the life of the pensioner	The tax table belo accumulatively to fund and employe received during yo You will enjoy the once and any futu will be taxed at the have reached with sum payments.	all retirement er lump sums our lifetime. tax-free portion are lump sums e rate that you n previous lump		
	NRA and is prior to them reaching age 70.	Income Choice model. Spouse pensions are provid at a level of 75% or 100%.		LUMP SUM VALUE R1 – R550,000	0%		
DISABILITY RETIREMENT	To qualify for a disability benefit, the Trustees must be satisfied that you are	Once approved, additional risk cover will enhance your Fund Credit, provided	<ul> <li>A term certain guarantee of 5 to 25 years is selected</li> </ul>	R550,001 - R770,000	18%		
READ MORE!	totally and permanently incapable to perform your	that you contributed towards Disability Risk	to secure the payment of the pension should the pensioner die within the term certain	R770,001 - R1,155,000	R39,600 +27% above R770,000		
DISABILITY BENEFIT BROCHURE	own and similar occupations in a specific environment.	Cover until your services were terminated. A retirement benefit	period selected. Annual pension increases are	R1,155,001 and above	R143,550+36% above R1,155,000		
PENSION INCOME CHOICE BROCHURE	Medical evidence must be submitted to support your claim, within 6 months after you have been discharged from the service of your employer.	<ul> <li>will be awarded that consists of:</li> <li>An option to take up to one-third of the total benefit in a lump sum, and</li> <li>Monthly income sculpted from the Sentinel Pension Income Choice model.</li> </ul>	<ul> <li>awarded at a minimum 80% of CPI, on a "with profit" basis.</li> <li>Once the R12,500 pension requirement is met, a second and third pension may be selected from the following options:</li> <li>A second guaranteed pension with variations on the features explained above, and/or</li> <li>A flexible pension that provides for a self-managed pension with investment and income drawdown options.</li> </ul>	Monthly pensions are taxable and fall within the ambit of PAYE regulations. Disability pensions do not qual for tax exemption and are taxa			

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#### Industry/Participant Number (Member)

PLEASE NOTE : THIS BENEFIT IS A LIFELONG MONTHLY PENSION AND A MAXIMUM OF ONE THIRD CAN BE TAKEN AS A LUMP SUM. THIS OPTION IS IRREVOCABLE ONCE IN PAYMENT.

Title	Initials	Surname								
Full Names (First	Two Names in Full)									
1			2							
							~			-
Identity   Passpor	t Number						Ger	nder	М	F
Tax Number			Birth D	Date						
	DECC									

#### **POSTAL ADDRESS**

PO Box Number	Suburb, City or Town	Postal Code

### **RESIDENTIAL ADDRESS**

House / Complex Number	Street Name									
Suburb	City	Postal Code								

### **CONTACT DETAILS**

Tel	Mob	oile		
Email				
Please indicate the preferred method of communication	SMS	Email	Telephonic	Postal

### **MARITAL STATUS**

Have you been divorc	ed before?					Υ	Ν
Are you aware of a div	orce order in respect of an allo	ocation of a portion of you	ur Sentinel pension interest	to your ex-spouse?	•	Υ	Ν
If yes, has this amount been paid to your ex-spouse?							
Married	Married But Separated	Single	Widowed	Cohabiting	Partn	er	

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Industry/Participant Number (Member)

## SECTION 1 : LUMP SUM OPTION

(A) VESTED C	COMPONENT												
PLEASE INDI	CATE YOUR SELEC	TION BY MARE	KING ONL	Y ONE O	F THE F	OLLOW	'ING (Ti	ck Appl	icable Blo	ock)			
No Lump Su	m		OR	Maximu	ım 1/3 L	ump Su	m		OF	2			
Selected Lun	np Sum Amount		R										
(B) SAVINGS	COMPONENT												
PLEASE INDI	CATE YOUR SELEC	TION BY MARE	KING ONL	Y ONE O	F THE F	OLLOW	'ING (Ti	ck Appl	icable Blo	ock)			
No Lump Su	m		OR	Full Ava	ilable Ba	alance			OF	2			
Selected Lun	np Sum Amount		R										
SECTION	2 : MONTHLY	PENSION											
(A) PENSION	OPTIONS FOR ME	MBERS WITH	A SPOUSE	<u> </u>									
PLEASE INDI	CATE YOUR SELEC	TION BY MAR	KING ONI	E OF THE	FOLLO	WING (	Tick Ap	plicable	Block)				
Term Certain	Guarantee		5 `	Years	1	0 Years		15 Yea	ars	20 Years		25 Years	;
75% Spouse p certain guara	ension after comp ntee period	letion of term				OR			• •	ension after arantee per		etion of	
SECTION	3 : MONTHLY	PENSION											
Please note	that the widow's pe	nsion will be a	allocated	as per yo	ur perce	entage k	elow. (	Must ad	ld up to 1	00%)			
DETAILS OF	SPOUSE/PARTNER	1											
	g this section you a ly pension become							elow is	your spoi	use and that	t you he	ereby instr	uct
Title	Initials	Surname											
Identity / Pa	ssport Number												
Gender (Plea	ase tick block)	MF	Date Of	Birth									
Percentage	of widow's pension	to be allocate	d to the a	bove spc	ouse			%					
DETAILS OF	SPOUSE/PARTNER	2											
<i>y</i> 1	g this section you a ly pension become	0		•				elow is	your spoi	use and that	t you he	ereby instr	uct
Title	Initials	Surname											
Identity / Pas	sport Number												
Gender (Plea	se tick block)	MF	Date Of	Birth									
Percentage c	f widow's pension	to be allocated	d to the al	pove spo	use			%					

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#### Industry/Participant Number (Member)

#### DETAILS OF SPOUSE/PARTNER 3

By completing this section you acknowledge that you accept that the person elected below is your spouse and that you hereby instruct that a monthly pension become payable to this person in the event of your death.

Title	Initials	Surname											
Identity / Pa	ssport Number												
Gender (Plea	ase tick block)	М	F Date	e Of Birth									
Percentage	of widow's pension	to be alloc	ated to t	he above s	spouse			%					

## BANK DETAILS OF APPLICANT

#### 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	
Type of Account	Savings Cheque
Date opened	

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

Da	te			

- CONTINUED



Industry/Participant Number (Member)

## **ACKNOWLEDGMENT : OPTION TO ELECT RETIREMENT BENEFIT**

#### I hereby confirm as follows:

- 1. I have completed the Fund's Application for a Retirement Benefit.
- 2. That by submitting a retirement application, I in effect, request a MIC switch, and that my funds will accordingly be disinvested to the Money Market (cash) on the date of receipt of my application by the Fund.
- 3. I understand that:
  - a. If I leave service on or after my NRA, or claim a benefit after my NRA, I shall no longer have the option in terms of the Fund's Rules to:
    - i) Claim an in-service disability benefit; or
    - ii) Claim a cash withdrawal benefit.
  - b. If I leave service on or after my NRA, or claim a benefit after my NRA, my only option will be to claim a retirement benefit from the Fund, or a withdrawal benefit (Full Transfer) to another Fund subject to the terms, conditions, restrictions and options provided for in the Rules;
  - c. In terms of the Fund's Rules read with current legislation and income tax practice, a maximum of one-third of the capital value of my benefit may be commuted for a lump sum. The balance is payable as a monthly pension. This is subject to certain exceptions which may or may not apply to me;
  - d. I may elect to commute less than one-third of the benefit, or even to not commute at all (i.e. to take the entire benefit as a monthly pension);
  - e. The Fund's Rules also provide other options relating to my benefit which have been explained to me;
  - f. The available options are subject to the Rules;
  - g. The Rules do not currently provide for a retiring or retired member to purchase an annuity from a third party with his/her retirement benefit or part thereof;
  - h. It is incumbent on me:
    - i. To ensure that I understand the options available to me and their consequences;
    - ii. To elect options best suited to my needs and if necessary, to obtain advice from a financial adviser or intermediary;
    - iii. To ensure that in completing the form, I elect the options that I intend to elect;
  - i. The Fund is entitled to assume that I understand my options and to give effect thereto;
  - j. Once the Fund gives effect to my options, I cannot revoke or change them. This includes:
    - i. My choice to take a retirement benefit (if I am eligible for another benefit);
    - ii. An election to commute less than one-third of my benefit for a lump sum, or to not commute at all (i.e. to take the entire benefit as a monthly pension);
    - iii. Any other options elected, subject to eligibility (including term certain guarantee, spouse's pension, second and third tier options, etc.
- 4. I also acknowledge that by signing this document:
  - a. I waive any right to claim that I was not informed of the consequences of my elections;
  - b. I will have no basis to dispute the validity of my elections through the courts, the Pension Funds Adjudicator or any other forum, or to seek an order that the Fund must change any option/s that I elected;
  - c. I understand that my reasons for electing these options or any subsequent change in my financial or personal circumstances do not affect what is stated here.
- 5. I understand this document and sign it voluntarily and without duress.

Signature
•
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Industry/Participant Number (Member)

### NOTES ON COMPLETING THE NOMINATION FORM

Please note the following important information before completing your nomination form:

- 1. This nomination only applies to lump sum death benefits payable in terms of the Rules of the Fund. Death benefits are awarded and paid in terms of sect.37C of the Pension Fund Act to dependants, nominees or your Estate.
- 2. The Pension Funds Act defines a "dependant" as:
  - 2.1. A person to whom the pensioner is legally liable for maintenance; or
  - 2.2. A person who is in fact, in the opinion of the Trustees, dependent on the pensioner for maintenance; or
  - 2.3. The spouse of the pensioner and living together relationships of a permanent nature.
  - 2.4. Biological/legally adopted children of the pensioner including major children; or
  - 2.5. A person to whom the pensioner would have been legally liable for maintenance had he/she not died.
- 3. It is this information there could be a considerable delay in determing and validating dependants before benefits can be paid vital that the Trustees are informed of all persons who fall in the category of "Dependants". If they do not have you must list all 'dependants' in this in this nomination form irrespective of whether they are dependent on you or not. Should you not wish for them to receive in a portion of the benefit simply write 000 % next to such person(s) name(s) and provide motivation to support your wishes.
- 4. You may also nominate people or organisations to receive a portion of or the entire benefit payable on your death. They are known as 'nominees'. A nominee is a person who is not a dependant on you and whom you wish to share in the benefit.
- 5. If you feel that the benefit should be managed or protected on behalf of a beneficiary who is incapable of taking care of his/her own affairs, a beneficiary fund can be created to protect his/her share of the benefit.
- 6. If you are not survived by dependants and your Estate is insolvent, the Fund will bring your Estate to solvency before making any payment to the nominees, in such instances payment to nominees.
- 7. Current tax legislation will be applied to and benefits may be subjected to tax, in the hands of the deceased pensioner who provided for a death benefit lump sum.
- 8. The nomination is made, acknowledging that:
  - 8.1. It is not binding on the Fund;
  - 8.2. It may be changed at any time by the pensioner who provided for the benefit;
  - 8.3. If any dependant or nominee should predecease you, their estate or heirs will not be entitled to claim a benefit, or portion thereof.
- 9. PLEASE COMPLETE THIS FORM AND ENSURE THAT THE % OF BENEFIT COLUMN ADDS UP TO 100%. If required additional pages may be added to the nomination, but must be dated and signed.

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

Date

# PENSIONER NOMINATION FORM

Industry | Participant Number (Member)

### **1. DEPENDANTS & NOMINEES**

	Initials and Surname	Date of Birth	Relationship to Pensioner	Telephone Number	ls this Dependar	Person nt on you?	% of Bene	fit		ary Fund uired	-
1					Yes	No		%	Yes	No	
2					Yes	No		%	Yes	No	
3					Yes	No		%	Yes	No	
4					Yes	No		%	Yes	No	
5					Yes	No		%	Yes	No	
6					Yes	No		%	Yes	No	
7					Yes	No		%	Yes	No	
8					Yes	No		%	Yes	No	

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### 2. DETAILS OF ALTERNATIVE BENEFICIARIES

In the event that the abovementioned person(s) pre-decease you please provide alternative persons/institutions that must be considered to share in your death benefit.

	Initials and Surname	Date of Birth (YYYYM- MDD)	Relationship to Pensioner	Telephone Number	ls this I Dependar	Person nt on you?	% of Benefit		ary Fund uired
1					Yes	No	%	Yes	No
2					Yes	No	%	Yes	No
3					Yes	No	%	Yes	No
4					Yes	No	%	Yes	No

Signature of Member		
	Electronic signatures are not permitted to be used on this application form.	Date Y Y Y M

# APPLICATION FOR RETIREMENT BENEFIT MULTIPLE SPOUSES - CONTINUED

## **PENSIONER NOMINATION FORM** - CONTINUED



Industry/Participant Number (Member)

Comments/Motivation (Continued): Please add additional page, ensure it is dated and signed.

I request that the Trustees pay the amount which may become payable from the Fund as a result of my death, to the persons mentioned above subject to the provisions of the Rules of the Fund and the provisions of Section 37C of the Pension Funds Act. I also realise that in certain circumstances the Trustees of the Fund will have the discretion to ignore my request for the sake of equity and reasonableness in the disposal of such benefit. This nomination revokes and replaces all previous nominations made by me.

Nominations should be reviewed regularly

Signature

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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