EQUAL SPLIT FORM FOR BIOLOGICAL / LEGALLY ADOPTED CHILDREN OF DECEASED

Please send your completed form to:

E-mail : info@sentinel.za.com

Hand in : at your nearest Client Service Centres situated in Sandton, Welkom, Klerksdorp, Carletonville and Witbank/Emalahleni.

THIS FORM IS TO BE COMPLETED IF THE ONLY BENEFICIARIES ARE THE DECEASED'S MAJOR CHILDREN

DETAILS OF DECEASED MEMBER / PENSIONER

Industry / Participant Number		Identity / Passport Number

Title	Initials	Surname

DETAILS OF THE BENEFICIARY COMPLETING THIS FORM

Title		Initials		Surname	
Identity Number | Passport Number					
Cell No		Email			

I, _____

hereby confirm and certify that to the best of my knowledge, the deceased has _____ biological / legally adopted child / children.

AND

PLEASE TICK THE APPLICABLE BOX

I declare that **I HAVE NO OBJECTION** should the death benefit lump sum, payable as a result of the abovementioned death, be divided **equally** among myself and the other children.	
I declare that **I HAVE AN OBJECTION** should the death benefit lump sum, payable as a result of the abovementioned death, be divided **equally** among myself and the other children.	

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 Buffelsdoorn Road, Flamwood, Tel (011) 481 8024/8 | **Welkom:** Shop 25, The Strip, 314 Stateway, Tel (011) 481 8025/6
Emalahleni / Witbank: WCMAS Building, Corner OR Tambo and Susanna Streets, Tel (011) 481 8295/6