REQUEST FOR ESTIMATES

EST01

Industry / Participant Number (Member)	Identity Number (Member)

Please send your completed form to:

Email: info@sentinel.za.com

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

Title	Initials	Surname

Full Names (First Two Names in Full)

1		2	

Identity | Passport Number		Gender	M	F
Birth Date	Y Y Y Y M M D D			
Name of Current Employer				
Date of Employment	Y Y Y Y M M D D			

MARITAL STATUS

Have you ever been divorced? (Please tick appropriate block)	Y	N	If YES, state number of times		

Please tick the one appropriate block only

Married		Single		Widowed		Married But separated		Cohabiting Partner	

CONTACT DETAILS

Telephone Number	Code		Number	
Mobile Number	Code		Number	
E-mail				

Please indicate the preferred method of communication	SMS		Email		Telephonic		Postal	

DETAILS OF SPOUSE/PARTNER

Please note that in the event that you have more than one spouse their respective details have to be submitted.

Title	Initials	Surname

Identity | Passport Number		Gender	M	F
Birth Date	Y Y Y Y M M D D			

REQUEST FOR ESTIMATES

- CONTINUED

Industry / Participant Number (Member)	Identity Number (Member)

PLEASE INDICATE WHICH BENEFITS YOU WOULD LIKE TO HAVE ESTIMATES OF (Please Tick Applicable Box)		Specify Date
☐	1. Retirement Benefit	Y Y Y Y M M D D
☐	2. Disability Benefit	Y Y Y Y M M D D
☐	3. Withdrawal Benefit (includes resignation, retrenchment, transfer or dismissal)	Y Y Y Y M M D D
☐	4. Current Benefits payable on death	Y Y Y Y M M D D

IMPORTANT NOTES:

The estimate will only be valid for the calendar month in which it was printed. (Please see "Date of Estimate"). The estimates provided will not incorporate any loans and/or divorce liabilities you may have listed against your record. I accept that this request will result in a provisional estimate based on the Fund's records and the Rules of the Fund as they stand currently. The Fund will not accept responsibility for any loss or inconvenience any person may suffer as a result of the information furnished being incorrect.

DOCUMENTARY REQUIREMENTS CHECKLIST

☐ 1. Copy of your ID/ Passport

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