

## ACKNOWLEDGEMENT:

### OPTION TO NOT APPLY WITH DISABILITY APPLICATION

Please send your completed form to:

Email: [info@sentinel.za.com](mailto:info@sentinel.za.com)

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

|                                        |                      |                          |  |
|----------------------------------------|----------------------|--------------------------|--|
| Industry / Participant Number (Member) |                      | Identity Number (Member) |  |
| <input type="text"/>                   |                      | <input type="text"/>     |  |
| Title                                  | Initials             | Surname                  |  |
| <input type="text"/>                   | <input type="text"/> | <input type="text"/>     |  |

### I HEREBY CONFIRM AS FOLLOWS :

1. I elect not to apply for a disability benefit.
2. To qualify, I am required to prove to the Fund's Board that I am totally and permanently disabled for my own and a similar occupation in a specific environment.
3. I know that after leaving the service of a participating employer, I can elect the alternative option to claim a termination benefit or early retirement benefit from the Fund.
4. I have elected to claim a termination / early retirement\* benefit.
5. I have been informed that:
  - a. A termination benefit / early retirement benefit does not include the disability cover which is included in an in-service disability benefit. It comprises my fund credit only;
  - b. A termination benefit is payable as a once off lump sum. An early retirement benefit is payable as a monthly pension with a maximum commutation of one-third (subject to certain exceptions which may not apply to me);
  - c. I cannot receive a termination benefit / early retirement benefit and a disability benefit from the Fund for the same service period;
  - d. Once the Fund puts my election into effect:
    - i. I cannot revoke it or change my mind;
    - ii. I will have no claim to any other benefit from the Fund for the same service period, including a disability benefit (or part of a disability benefit);
  - e. Once a termination benefit is paid or transferred, no benefit will be payable by the Fund on my death as is the case with a retirement benefit;
  - f. A termination withdrawal benefit is generally taxed differently to a retirement benefit.

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- CONTINUED

Industry / Participant Number (Member)

Identity Number (Member)

6. I also acknowledge that by electing this option and signing this document:
  - a. I waive any right to claim that I was not informed of the consequences of my election;
  - b. I will have no basis to dispute the decision of the Committee as per 3a above through the courts, the Pension Funds Adjudicator or any other forum, or to seek an order that the Fund must award me a disability benefit for the same service period;
  - c. I understand that my reasons for electing this option or subsequent change in my financial or personal circumstances do not affect what is stated here.
7. I understand this document and sign it voluntarily and without duress.

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