

ACKNOWLEDGEMENT / UKUVUMA:

OPTION TO NOT APPLY WITH DISABILITY APPLICATION

UKUKHETHA UKUNGABHALISELI INZUZO YOKUKHUBAZEKA

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.

Industry / Participant Number (Member)		Identity Number (Member)
Title	Initials	Surname

I HEREBY CONFIRM AS FOLLOWS / NGIYAVUMA NJENGOBA KUBONISWE NGEZANSI:

1. I elect not to apply for a disability benefit.

Ngikhetha ukungabhaliseleli inzuzo yokukhubazeka.

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.

Ukuze ngifaneleke, kudingeka nginikeze ubufakazi Ebhodini Lesikhwama Soxhaso ukuthi nginokukhubazeka okungumahlala khona nokuphelele nokuthi nginomsebenzi ofanayo endaweni ethile.

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.

Ngiyazi ukuthi ngemva kokushiya umsebenzi womqashi obambe iqhaza, ngingakhetha enye indlela yokufaka isicelo senzuzo yokuyekiswa noma inzuzo yokuthatha umhlalaphansi ngaphambi kwesikhathi Esikhwameni Soxhaso.

4. I have elected to claim a termination / early retirement* benefit.

Ngikhethe ukufaka isicelo senzuzo yokuyekiswa / ukuthatha umhlalaphansi ngaphambi kwesikhathi.*

5. I have been informed that:

Ngazisiwe ngokuthi:

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;

Inzuzo yokuyekiswa / inzuzo yokuthatha umhlalaphansi ngaphambi kwesikhathi ayihlanganisi umshwalense wokukhubazeka ohlanganiswe enzuzweni yokukhubazeka ngesikhathi usasebenza. Ihlanganisa imali yami esesikhwameni kuphela;

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);

Inzuzo yokuyekiswa ikhokhwa njengesamba esikhokhwa kanye kuphela. Inzuzo yokuthatha umhlalaphansi ngaphambi kwesikhathi ingakhokhwa njengemali yempesheni ekhokhwa nyanga zonke enesilinganiso sokukodwa kokuthathu (nokunemingcele ethile okungenzeka ingasebenzi kimi);

c. I cannot receive a termination benefit / early retirement benefit and a disability benefit from the Fund for the same service period;

Angikwazi ukuthola inzuzo yokuyekiswa / inzuzo yokuthatha umhlalaphansi ngaphambi kwesikhathi kanye nenzuzo yokukhubazeka evela Esikhwameni Soxhaso senkathi efanayo yokusebenza.

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- CONTINUED



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d. **Once the Fund puts my election into effect:**

Lapho Isikhwama Soxhaso sesikusebenzisa lokho engikukhethile:

i. **I cannot revoke it or change my mind;**

Ngeke ngikwazi ukukwenqaba noma ngishintshe umqondo.

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).**

Ngeke ngibe nesicelo kunoma iyiphi enye inzuzo Yesikhwama Soxhaso senkathi efanayo yomsebenzi, okuhlanganisa inzuzo yokukhubazeka (noma ingxenye yenzuzo yokukhubazeka).

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;**

Lapho inzuzo yokuyekiswa isikhokhiwe noma isithunyelwe, ayikho inzuzo ezokhokhelwa Isikhwama Soxhaso uma ngifa njengoba kunjalo nangenzuzo yokuthatha umhlala phansi ngaphambi kwesikhathi;

f. **A termination withdrawal benefit is generally taxed differently to a retirement benefit.**

Ukukhipha imali yenzuzo yokuyekiswa ngokuvamile ikhokhelwa intela ngendlela ehlukile enzuzweni yokuthatha umhlalaphansi ngaphambi kwesikhathi.

6. **I also acknowledge that by electing this option and signing this document:**

Ngiphinde ngiyavuma ukuthi ngokukhetha le nketho nangokusayina le dokhumenti:

a. **I waive any right to claim that I was not informed of the consequences of my election;**

Ngiyeka noma iliphi ilungelo lokufaka isikhalo sokuthi angizange ngitshelwe ngemiphumela yokukhetha kwami;

b. **I will have no basis to dispute my decision 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;**

Ngeke ngibe nesisekelo sokufaka isikhalo ngenxa yesinqumo sami enkantolo, kubaHluleli Besikhwama Soxhaso noma kwezinye izinhlobo, noma ngifune isinqumo senkantolo esithi Isikhwama Soxhaso kumelwe singinikeze inzuzo yokukhubazeka yenkathi efanayo neyokusebenza.

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.**

Ngiyaqonda ukuthi izizathu zami zokukhetha le nketho noma ushintsho olwenzeke kamva esimweni sami sezimali noma ekuphileni kwami akukushintshi lokho okubhalwe lapha.

7. **I understand this document and sign it voluntarily and without duress.**

Ngiyayiqonda le dokhumenti futhi ngiyisayina ngokuzithandela ngaphandle.

If the translated version and the English version differ or in any way leads to ambiguous interoperation, the **English version will prevail.**
(Do obtain input from a Fund Consultant for clarity if this occurs.)

Signature

Date

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

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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 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