ANNUAL FLEX PENSION (LIVING ANNUITY) INCOME REVIEW AND CONFIRMATION

SENTINEL retirement fund

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 (Pensioner)	Identity Number (Pensioner)

PERSONAL DETAIL – ALL FIELDS TO BE COMPLETED

Title	Initials	Surname

Full Names (First Two Names in Full)			
1		2	
Identity | Passport Number		Gender	M F
Tax Number		Birth Date	Y Y Y Y M M D D

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 Number		Mobile Number	
Email			

Please indicate the preferred method of communication	SMS		Email		Telephonic		Postal	

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CONTINUED

Industry / Participant Number (Pensioner)	Identity Number (Pensioner)

FLEXIBLE PENSION DRAW-DOWN CONFIRMATION

My draw-down percentage per annum may not be less than 2,5% per annum and not exceed 17,5% per annum.

My draw-down must be kept the same Yes ☐ No ☐ **OR** Elected draw down rate per annum , %

OR Monthly Drawdown Amount R .

DECLARATION

You are urged to obtain professional advice or to contact the Fund should you require any assistance with making an Investment Choice decision.

- I understand that should I elect to exercise an Individual Investment Choice option, the responsibility lies with me to notify the Fund in the event that I wish to amend my investment selection.
- I acknowledge that I understand the implications of my investment selection.
- My flex pension income may differ from year to year, and the income is not guaranteed.
- At any stage (on my anniversary date) after retirement, I have the option to convert my flex pension to a guaranteed pension, if so required.
- My income choice is fixed for twelve (12) months and can only be reviewed on my anniversary date.
- If I knowingly mislead the Fund or withhold relevant information, including those in relation to divorce, civil and / or criminal proceedings can be instituted against me. The Fund will be absolved of liability for loss which any person may suffer as a result.

My elections are irrevocable, and the Fund will not be obliged to allow the transaction to be reversed once payment has been made.

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