APPLICATION FOR PENSION INTEREST BY NON-MEMBER SPOUSE DUE TO DIVORCE

DIV01

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.

SECTION 1: DETAILS OF MEMBER

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

Title	Initials	Surname of Member

Full Names (First Two Names in Full)			
1		2	

CONTACT DETAILS OF MEMBER

Telephone Number	Code		Number	
Mobile Number	Code		Number	
Email				

Please indicate the preferred method of communication	SMS		Email		Telephonic		Postal	

SECTION 2: DETAILS OF APPLICANT

Title	Initials	Surname

Date of Marriage	Date of Divorce	Tax Number
YYYYMMDD	YYYYMMDD	

POSTAL ADDRESS

PO Box Number	Suburb, Town or City	Postal Code

RESIDENTIAL ADDRESS

House/Complex No		Complex Name	
Street Address			
Suburb			Postal Code
City			

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

CONTACT DETAILS

Telephone Number	Code		Number	
Mobile Number	Code		Number	
E-mail				

Please indicate the preferred method of communication	SMS		Email		Telephonic		Postal	

Please deduct the allocated portion from my ex-spouse's fund credit and hold this in a money market portfolio until I have exercised my option as indicated below.

BENEFIT OPTIONS (Tick Applicable Block Only)

Full Cash Withdrawal Only		**OR**	Full Transfer Only		**OR**
Partial Transfer		**AND**	Partial amount to be transferred	R ,	

TRANSFER DETAILS FOR FINANCIAL INSTITUTION (If Applicable)

PRODUCT DETAILS

Name of Financial Institution	
Name of Approved Fund	

INDICATE THE TYPE OF FUND (Tick the appropriate block only)

Approved Retirement Annuity Fund		Approved Provident Fund	
Approved Pension Fund		Approved Pension Preservation Fund	

Approved Fund PAYE Registration Number	
Approved Fund FSB Registration Number	
Policy /Membership Reference Number	

BANKING DETAILS OF FINANCIAL INSTITUTION (If Applicable)

Name of account holder	
Name of Bank	
Branch name	
Account number	
Branch code	

APPLICATION FOR PENSION INTEREST BY NON-MEMBER SPOUSE DUE TO DIVORCE
- CONTINUED

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

FINANCIAL ADVISOR/INTERMEDIARY DETAILS (If Applicable)

Name of Advisor/Intermediary				
Financial Advisor/Intermediary Code				
FAIS Registration Number				
Work Tel No	Code		Number	
Mobile Number	Code		Number	
Fax No				
E-mail				

BANK DETAILS OF CLAIMANT

Supporting documents:
- Stamped account confirmation letter (not older than 3 months) – signed and dated by account holder, OR
- Stamped Bank statement (not older than 3 months) - signed and dated by account holder

Surname				
Initials				
ID/Passport Number				
Name of Bank				
Branch Name				
Branch Code				
Account Number				
Type of Account	Savings		Cheque	
Date opened	Y Y Y Y M M D D			

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

APPLICATION FOR PENSION INTEREST BY NON-MEMBER SPOUSE DUE TO DIVORCE
- CONTINUED

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

IMPORTANT: THE FOLLOWING DOCUMENTS MUST ACCOMPANY THIS APPLICATION

The following documentation MUST accompany your application (Please tick each item indicating if it is included)		
1	Certified copy of divorce order.	
2	Certified copy of the complete settlement agreement.	
3	Certified copy of marriage certificate.	
4	Copy of non-member spouse Identity Document.	
5	Proof of Tax number (SARS confirmation/Payslip/IRP5)	

DISCLAIMER

1. Please note that an application by the non-member spouse shall only be deemed to have been received once all the required documents are in the possession of the Fund.
2. Payment/Transfer according to this instruction will constitute full and final settlement of all claims against the Fund. On finalisation of the payment transaction no requests for cancellation of amendments will be entertained.
3. I have provided the Fund with a copy of the relevant divorce decree applicable to this form.
4. I acknowledge and understand that:
   a) The completion of this form does not imply that the order in the decree pertaining to pension interest is enforceable against the Fund;
   b) If the order is enforceable, a specified portion of my ex-spouse's "pension interest" is assigned to me.
   c) In terms of the Fund's Rules, "pension interest" comprises my ex-spouse's fund credit on the date of divorce and nothing beyond that date;
   d) Subject to applicable legislation and income tax practice, I have the option to either withdraw the assigned amount, or to transfer it to an approved retirement fund, or to withdraw a portion and transfer the balance to an approved retirement fund;
   e) Subject to SARS approval and practice, I may be liable for income tax on any amount paid to me but not on any amount transferred to an approved fund;
   f) If I am not a member of the Fund, I do not have the option to request the Fund to hold the assigned amount on my behalf;
   g) It is incumbent on me to obtain legal, financial or tax advice regarding my options, not on the Fund to refer me for such advice or provide it;
   h) Once the Fund puts my election into effect, I cannot revoke or change my election;
   i) By signing this document:
      i) I waive any right to claim that I was not aware of the consequences of my election;
      ii) I cannot hold the Fund liable for any loss I may suffer as a result of the option I elect;
   j) What is stated here is not affected by my reasons for my election or by any change in my financial or personal circumstances.
5. 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