DISMISSAL INDEMNITY FORM

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 (Member)	Identity Number (Member)

PERSONAL DETAILS

Title	Initials	Surname

Full Names (First Two Names in Full)

1		2	

Identity Number | Passport Number		Gender	M	F

1	I was dismissed by my employer, my last day of service being	Date	Y	Y	Y	Y	M	M	D	D

2 I have claimed payment of a benefit or the transfer of my fund credit from Sentinel Retirement Fund.

3 If I dispute my dismissal and the CCMA or court orders that I be reinstated to employment with full pension rights (or if my employer reaches an agreement with me to that effect), any benefit paid by or transferred by Sentinel following my dismissal will not have been due. In that case I will be obliged to reimburse Sentinel the benefit, plus interest if applicable.

4 If the afore-mentioned situation occurs and I fail to reimburse Sentinel, any subsequent benefit and the taxation thereof will take into account the benefit paid previously, and I indemnify Sentinel from liability for any loss suffered by me and/or any other person as a result.

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