

WITHDRAWAL APPLICATION SECTION 14 TRANSFER

WDBSF001



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)

IMPORTANT: DOCUMENTARY REQUIREMENTS CHECKLIST

- | | | |
|---|---|--------------------------|
| 1 | Copy of your Identity Document or Passport (only if no Identity Document exists). | ☐ |
| 2 | Letter from Employer confirming change in conditions of employment. | ☐ |
| 3 | Relevant Divorce Order and Divorce Agreement (if applicable). | ☐ |

COMPLETE THIS FORM IF:

- Your employment conditions have changed, and you are now required to contribute to another Retirement Fund.
- Section 197 - When the business is transferred, the associated employment contracts are transferred as well, making the purchaser the new employer. If the new employer is not a participating employer of Sentinel and the new employment conditions require contributions to a different retirement fund, you must comply with these new conditions. However, if the Sale of Business Agreement does not provide for a compulsory transfer you may become a Paid-up member of the Fund .

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PERSONAL DETAILS

Title	Initials	Surname	
Full Names (First Two Names in Full)			
1		2	
Identity Number Passport Number		Gender	☐ M ☐ F
Tax Number		Birth Date	Y Y Y Y M M D D
Have you been divorced before?			☐ Y ☐ N
Are you aware of a divorce order in respect of an allocation of a portion of your Sentinel pension interest to your ex-spouse?			☐ Y ☐ N
If yes, has this amount been paid to your ex-spouse?			☐ Y ☐ N

POSTAL ADDRESS

PO Box Number	Suburb, City or Town	Postal Code

RESIDENTIAL ADDRESS

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

CONTACT DETAILS

Telephone Number	Code		Number	
Mobile Number	Code		Number	
E-mail				
Please indicate the preferred method of communication		☐ SMS	☐ Email	☐ Telephonic ☐ Postal

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ELECTION TO TRANSFER OR PAID-UP MEMBERSHIP WITH SENTINEL (TICK APPLICABLE BLOCK ONLY)

Transfer	☐	Paid-up Member with Sentinel	☐
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DETAILS OF FUND TRANSFERRING TO

Name of Fund																
Name of Participating Employer																
SARS Approval Number	1	8	/	2	0	/	4	/								
FSCA Registration Number and Participating Employer Number	1	2	/	8	/								/			
Approved Pension Fund	☐	Approved Provident Fund														☐

BANK DETAILS OF FUND TRANSFERRING TO

Name of Account Holder																
Name of Bank																
Branch Name																
Account Number											Branch Code					

ADMINISTRATOR DETAILS

Name															
Telephone Number	Code					Number									
Mobile Number	Code					Number									
E-mail															

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DECLARATION BY MEMBER

By signing this form, I confirm that I realise, understand, acknowledge and am satisfied that:

- I have read the brochure and understand the content and implications contained therein.
- By submitting a withdrawal application, I in effect request a MIC switch, and that my funds will accordingly be disinvested to the Money Market (cash) on the date of receipt of my application by the Fund.
- After changes to my conditions of employment, I have the option to retain membership as a paid-up member subject to the terms and conditions contained in the Rules of the Fund.
- My fund credit on transfer will not include death or disability cover. Such cover ceases when my contributory membership ceases.
- 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 financial advisor is qualified and authorised in terms of the applicable legislation to provide the services rendered and must disclose available options and other information relevant to me. I cannot hold the Fund liable if my advisor did not disclose information or gave inappropriate advice which may result in me suffering any loss or inconvenience.
- My election is irrevocable, and the Fund will not be obliged to allow the transaction to be reversed once payment has been made.
- According to my instructions, a Section 14 Transfer will constitute full and final settlement of all claims against the Fund. The Fund will have no further liability toward any person in respect of this or any other benefit relating to my membership.
- My Vested, Savings, and Retirement Components in Sentinel will be transferred (the one not without the other if being transferred), into the same Components at the financial institution indicated on page 3 of this form.

I hereby elect to transfer my fund credit in line with the above application.

Signature

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

Date

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