# SAVINGS WITHDRAWAL BENEFIT APPLICATION

2POTWD/001

SENTINEL retirement fund

Please send your completed form to:

**Email**: savingswd@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

**PLEASE NOTE: FAILURE TO SUBMIT SUPPORTING DOCUMENTS OR SUBMITTING DOCUMENTS WITH ERRORS WILL DELAY THE PROCESS OF YOUR CLAIM**

| | | |
|---|---|---|
| 1 | Copy of Identity Document or copy of Passport (only if no Identity Document exists). | |
| 2 | **Proof of Banking Details:**<br>• Official bank account confirmation letter (not older than 3 months) issued by your bank – signed and dated by account holder, OR<br>• Stamped Bank statement (not older than 3 months) – signed and dated by account holder. | |
| 3 | Proof of Tax Number (Copy of SARS issued document, IRP5 or Payslip reflecting your tax number). | |
| 4 | • A clear photo of yourself, HEAD & SHOULDERS, holding your ID or Passport (per point 1 above) below your face. In this photo, your ID or Passport must be clear and legible!<br>• Refer to the Brochure for further details!<br>  | |
| 5 | Proof of residential address (Not older than 3 months)<br>• a municipal account (Statement of account); OR<br>• a letter from the employer confirming the member's address; OR<br>• a bank statement; OR<br>any other account that clearly shows the member's address. | |
| 6 | If you are a citizen of Mozambique, a copy of your Teba Contract | |

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**Your application is irrevocable and the Fund can't reverse the transaction once completed .**

## PERSONAL DETAILS – ALL FIELDS TO BE COMPLETED

| 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 | |
|---|---|---|---|---|---|---|---|---|

## CURRENT EMPLOYMENT DETAILS

| State name of employer if currently employed | |
|---|---|
| | |

| Date employed | Y | Y | Y | Y | M | M | D | D |
|---|---|---|---|---|---|---|---|---|

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## SAVINGS WITHDRAWAL AMOUNT (BEFORE ANY TAX IS DEDUCTED)

**State the amount of the Savings Withdrawal Benefit you require:**

| Full amount in this Component: | Yes | No |
|---|---|---|

**OR**

| Rand amount before tax: | R | | , | |
|---|---|---|---|---|

*(minimum of R2,000 limited to the available balance)*

| State your current annual salary income: | R | | , | |
|---|---|---|---|---|

Annual salary means all income from employment, an insurer or retirement fund, i.e. salary remuneration, wages, bonus, leave pay, commission, pension, overtime, allowances and fringe benefits

## BANK DETAILS OF APPLICANT

**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 | | Transmission Account | |
| 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 |

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## DECLARATION BY MEMBER

By signing this form, I confirm that I understand the impact of my decision, and that:

- I have read the **TWO-POT BROCHURE** and understand the content and implications contained therein.
- That by submitting this application, I 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.
- I am aware that the South African Revenue Service may instruct the Fund to withhold any outstanding taxes I may have.
- I am aware that my decision may negatively impact my future retirement income.
- If I knowingly mislead the Fund or withhold relevant information, including information 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, if applicable, 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 able to cancel it once processed.**
- **I declare that the information provided in this application is true and correct.**
- I hereby specifically authorise the Fund to do any identity verification and/or bank account verification to process this withdrawal.

IF SUBMITTING BY EMAIL, SEND TO: SAVINGSWD@SENTINEL.ZA.COM

| 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