PROVISION FOR SPOUSE OR COHABITING PARTNER PENSION IN THE EVENT OF MY DEATH

- Please complete this form only when the member is living with a partner in a domestic, long-term, interdependent relationship resembling marriage.

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)

I,

Title	Initials	Surname

Telephone Number	Code		Number	
Email				

Hereby declare that I want to provide a monthly pension for:

PARTNER DETAILS

Title	Initials	Surname

Identity / Passport Number	

and myself are in a cohabiting relationship since	Date	

to receive a lifelong monthly spouse's pension.

I understand that this will have an impact on the monthly pension awarded to me. I accept that once implemented, my decision is irrevocable.

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