APPLICATION FOR DEATH BENEFIT BY SPOUSE/LIFE PARTNER OF THE DECEASED PENSIONER RETIRED AFTER: MOPF 01/03/2001 AND MEPF 01/03/2003

Industry / Participant Number of Deceased	Identity / Passport Number of Deceased

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.

IMPORTANT NOTES

- In the event of more than one spouse, each spouse has to complete a separate application form.
- In the event of the information being incomplete or incorrect the Fund reserves the right to suspend any/all pensions awarded and institute legal action if deemed necessary.

A. PERSONAL DETAILS OF DECEASED PENSIONER – ALL FIELDS TO BE COMPLETED

Title	Initials	Surname

Full Names (First Two Names in Full)			
1		2	

Identity Number | Passport Number	
Tax Number (For Lump Sum Benefit)	

Gender	M	F	Birth Date	Y	Y	Y	Y	M	M	D	D

Cause of Death	
Date of Death	Y Y Y Y M M D D

RESIDENTIAL ADDRESS OF APPLICANT

House / Complex Number	Complex Name	
Street Name		
Suburb	City	Postal Code

POSTAL ADDRESS OF APPLICANT

PO Box Number	Suburb, City or Town	Postal Code

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Industry / Participant Number of Deceased	Identity / Passport Number of Deceased

CONTACT DETAILS

Telephone Number	Code		Number	
Mobile Number	Code		Number	
E-mail				

PLEASE INDICATE THE PREFERRED METHOD OF COMMUNICATION BY THE FUND BY TICKING THE APPLICABLE BLOCK

SMS		E-MAIL		TELEPHONIC		POSTAL	

FRIEND / RELATIVE DETAILS

Title	Initials	Surname
Mobile Number		

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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B. PERSONAL DETAILS OF SPOUSE/LIFE PARTNER AT RETIREMENT – ALL FIELDS TO BE COMPLETED

Title	Initials	Surname

Full Names			
1		2	
3		4	

Identity/Passport Number											
Gender	F		M		Birth Date	Y	Y	Y	Y	M	M	D	D
Your Tax Number (Compulsory)											

RESIDENTIAL ADDRESS OF APPLICANT

House / Complex Number	Complex Name	
Street Name		
Suburb	City	Postal Code

POSTAL ADDRESS OF APPLICANT

PO Box Number	Suburb, City or Town	Postal Code

CONTACT DETAILS

Tel Number		Mobile Number	
Email			

PLEASE INDICATE THE PREFERRED METHOD OF COMMUNICATION BY THE FUND BY TICKING THE APPLICABLE BLOCK

SMS		E-MAIL		TELEPHONIC		POSTAL	

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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Industry / Participant Number of Deceased	Identity / Passport Number of Deceased

C. 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 ☐
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

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