

APPLICATION FOR DEATH BENEFITS BY EXECUTOR LUMP SUM BENEFIT AND / OR UNPAID PENSION TO THE ESTATE - PENSIONER



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/Emalaheni.

IMPORTANT NOTES

- Include a certified copy of the letter of Executorship.
- Include a copy of the Executor's identity document.
- Failure to complete and provide all the information may lead to a delay in finalising the payment due to the estate.

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		

B. DETAILS OF EXECUTOR – ALL FIELDS TO BE COMPLETED

Name of Executor	
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POSTAL ADDRESS OF EXECUTOR

PO Box Number	Suburb, City or Town	Postal Code

BUSINESS ADDRESS OF EXECUTOR

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

CONTACT DETAILS OF EXECUTOR

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 ☐

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- CONTINUED

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C. BANK DETAILS OF EXECUTOR

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

Initials and Surname of Bank Official	Signature of Bank Official

OFFICIAL STAMP OF BANK

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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