APPLICATION FOR DEATH BENEFIT BY OTHER PARTIES OF DECEASED PENSIONERS

SENTINEL retirement fund

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

- Section 37C of the Pension Funds Act regulates a death benefit lump sum payable by this Fund and does not form part of the estate
- The Estate Act regulates the estate of a deceased's person
- Applicants applying for death benefits should complete individual application forms.
- A separate application form should be completed for minor children if not in the care of the spouse.
- Failure to complete and/or incorrect information may lead to a delay in finalising the claim for benefits.
- In the event of the information being incomplete or incorrect the Fund reserves the right to suspend and/all pensions awarded and institute legal action if deemed necessary.
- Beneficiaries who intend to waive their right to any portion of the benefit should only complete the waiver form.
- If applying on behalf of a minor or handicapped major, the address, contact and banking details of the person or institution should be provided.

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

IMPORTANT: if your answer is yes to any of these questions, please provide at least three affidavits confirming duration, extent and nature of dependency on the deceased at the time of his / her death

Did the deceased have any legal obligation to any third party in terms of divorce agreement?	Y		N	
Maintenance to ex-spouse	Y		N	
Maintenance in respect of minor child	Y		N	
Did the deceased support any other parties e.g. Parents / Grandchildren etc?	Y		N	
Is the spouse currently employed?	Y		N	
Was the deceased a member of a medical aid? If yes, provide the Fund with a copy of the deceased's membership certificate from the medical aid indicating the deceased as the main member – the membership certificate should reflect start and end date of membership for registered dependant / dependants.?	Y		N	
Did the deceased leave a valid Will?	Y		N	
Is the estate solvent?	Y		N	

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B. NAME OF EXECUTOR – ALL FIELDS TO BE COMPLETED

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	

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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C. PERSONAL DETAILS OF APPLICANT – 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 OF APPLICANT

Tel Number		Mobile Number	
Email			

Please indicate the preferred method of communication	SMS		Email		Telephonic		Postal	

Signature	Date
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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

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D. 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	

Initials and Surname of Bank Official	Signature of Bank Official

OFFICIAL STAMP OF BANK

Signature	Date
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E. DEATH BENEFIT QUESTIONNAIRE – ALL FIELDS TO BE COMPLETED

IMPORTANT NOTE:
Should you wish to apply to receive an allocation, please complete the following questionnaire in full, in addition to the application form, in order to provide the Fund with sufficient information, as required by legislation, to make an equitable decision regarding the allocation of the death benefit lump sum payable. If enough space is not provided in any of the fields below, please attach additional sheets with the required information. Please ensure that any additional sheets attached are also signed and dated by you. Kindly note that the questions relating to information required to enable the Fund to finalise the claim, and that all answers will be treated as confidential.

1. I hereby declare that the deceased had		spouses, and		ex-spouses.

Full Name and Surname	Date Of Birth	Date of Marriage Cohabitation	Date of Divorce / Separation	Date of Death

2. Was the deceased and his spouse living together at the time of death?	Yes	No

OR

3. If there was a period of separation between the date of retirement and the date of death, please provide details:

4. I hereby declare that the deceased had		biological children, and		legally adopted children.

5. List all biological and adopted children of the deceased, minor and major children.

Full Name and Surname	Date Of Birth	Parent of child (not deceased name)	Dependent on deceased		Biological/ Adopted	
			Y	N	Y	N
			Y	N	Y	N
			Y	N	Y	N
			Y	N	Y	N
			Y	N	Y	N
			Y	N	Y	N
			Y	N	Y	N
			Y	N	Y	N

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E. DEATH BENEFIT QUESTIONNAIRE - *CONTINUED*

6. How are you related to the deceased? (e.g. major biological son from deceased's first marriage to Mrs. X).

7. List all the minor (under 18) biological/legally adopted children of the deceased and please indicate in whose care the minor children currently are. Also comment on each minor child's current health status, academic progress and plans for the future, if known.

8. Please provide full details of any legal obligations the deceased had in terms of a divorce settlement or any court order which required him/her to pay maintenance towards any previous spouse / partner /child(ren) and if so, also state whether this obligation was met by the deceased.

9. What is your current financial position? If you are not financially self-supporting, please provide additional information.

10. Please provide details of the assets and liabilities in the deceased estate and mention how the estate has been divided. Also specify in detail what inheritance (proceeds from life policies / other benefits) you have received from the late deceased estate, as well as any other assets you have received as a result of the pensioner's death.

ASSETS	LIABILITIES

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E. DEATH BENEFIT QUESTIONNAIRE - *CONTINUED*

11. Please provide information regarding any expenses paid or still payable by you as a result of his/her death.

12. Were you financially dependent in any manner on the deceased at the time of his / her death? If so, provide full details of the **nature, extent** and **duration** of your dependency.

13. Please describe your relationship with the deceased prior to his / her death.

14. Please list any other legal or factual dependant/s of the deceased.

15. Please provide any further information that you feel the Fund trustees should know about. This may have an impact on the allocation.

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E. DEATH BENEFIT QUESTIONNAIRE *- CONTINUED*

16. Please provide a thorough motivation why you feel that you should receive an allocation from the late member's death benefit lump sum. (Please note that the Fund is bound by legislation to determine the main legal and factual dependants of the deceased as explained in the accompanying letter, and that these beneficiaries have to be catered for in an equitable manner when allocating benefits).

Signature	Date
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MONTHLY INCOME AND EXPENDITURE STATEMENT

Industry / Participant Number of Deceased	Industry / Participant Number of Deceased

PARTICULARS OF APPLICANT

Title	Initials	Surname

Full Names (First Two Names in Full)

1 2

MONTHLY INCOME		MONTHLY EXPENDITURE	
Your salary after deductions	R .	Rent/Bond Repayments	R .
Your Occupation		HP Repayments	R .
Your Employer		Long Term Loans	R .
Spouse's salary	R .	Short Term Loans	R .
Spouse's Occupation		Overdraft account(s)	R .
Spouse's Employer		Credit Cards	R .
Monthly Pension	R .	Groceries	R .
Spouse's Pension from Fund	R .	Clothing	R .
State Subsidy being received	R .	Telephone	R .
Rental being received	R .	Water and lights	R .
Rental being received	R .	Rates and Taxes	R .
Interest being received	R .	Rent/Bond Repayments	R .
OTHER INCOME - SPECIFY		Domestic servant/gardener	R .
	R	School expenses	
TOTAL MONTHLY INCOME			
Value of own fixed property	R .	Medical Costs	R .
Outstanding bond	R .	Insurance	R .
RECEIVED BY YOU AFTER THE DECEASED'S DEATH		OTHER MONTHLY EXPENSES/ACCOUNTS (SPECIFY)	
Lump sum received	R .		R .
UIF payout received	R .		R .
Life assurance payout 1	R .		R .
Life assurance Payout 2	R .		R .
Proceeds from the estate	R .		R .
Group Life Policy payout	R .		R .
Funeral Policy payout	R .		R .
Leave payout	R .		R .
Rand Mutual	R .		R .
Medical Bureau	R .		R .
OTHER INCOME - SPECIFY			R .
	R .		R .
TOTAL PAYMENTS RECEIVED	R .	TOTAL EXPENDITURE	R .

Signature

Date

Y Y Y Y M M D D

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