APPLICATION FOR DEATH BENEFITS BY SPOUSE/LIFE PARTNER (DEATH OF A MEMBER)

SENTINEL retirement fund

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.
- 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.

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

SECTION 1: PERSONAL DETAILS OF DECEASED MEMBER - ALL FIELDS TO BE COMPLETED

Title	Initials	Surname

Full Names (First Two Names in Full)

1		2	

Tax Number*		Gender	F		M		Birth Date	Y	Y	Y	Y	M	M	D	D

Cause of Death	

* Compulsory

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	

APPLICATION FOR DEATH BENEFITS BY SPOUSE/LIFE PARTNER (DEATH OF A MEMBER)

CONTINUED

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

NAME OF EXECUTOR - ALL FIELDS TO BE COMPLETED

CONTACT DETAILS OF EXECUTOR - ALL FIELDS TO BE COMPLETED

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

APPLICATION FOR DEATH BENEFITS BY SPOUSE/LIFE PARTNER (DEATH OF A MEMBER)

CONTINUED

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

SECTION 2: PERSONAL DETAILS OF SPOUSE *(Spouse of deceased at date of death)* - ALL FIELDS TO BE COMPLETED

Title	Initials	Surname

Full Names (First Two Names in Full)			
1		2	

Identity/Passport Number	
Important: Your Tax Number **(Compulsory)**	

Permission to tax any arrears pension in current tax year (If Applicable) (Please tick block)	Y		N	

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

POSTAL ADDRESS - ALL FIELDS TO BE COMPLETED

PO Box Number	Suburb, Town or City	Postal Code

RESIDENTIAL ADDRESS - ALL FIELDS TO BE COMPLETED

House/Complex No	Complex Name
Street Address	
Suburb	Postal Code
City	

CONTACT DETAILS OF SPOUSE - ALL FIELDS TO BE COMPLETED

Telephone Number	Code		Number	
Mobile Number	Code		Number	
Email				

Please indicate the preferred method of communication

SMS		E-MAIL		TELEPHONIC		POSTAL	

APPLICATION FOR DEATH BENEFITS BY SPOUSE/LIFE PARTNER (DEATH OF A MEMBER)

CONTINUED

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

IMPORTANT NOTICE:

THIS DOCUMENT SHOULD ONLY BE COMPLETED BY THE SPOUSE OF THE DECEASED

PERSONAL DETAILS - ALL FIELDS TO BE COMPLETED

Title	Initials	Surname
Identity/Passport Number		

POSTAL ADDRESS - ALL FIELDS TO BE COMPLETED

PO Box Number	Suburb, City or Town	Postal Code

SECTION 3: PENSION INCOME CHOICE

3.1 LUMP SUM OPTION

In the event that a lumpsum is awarded to me, I elect for the lumpsum to be treated as follows (Tick the applicable block)

Paid to me as a full lumpsum		Converted in full to a monthly pension	

I elect to convert	R		of the lump sum due to me into an additional monthly pension, as indicated below.

3.2 GUARANTEED PENSION ONLY

PENSION OPTION FOR THE SPOUSE OF THE DECEASED ONLY

50% Of Benefit To Be Utilised To Purchase A Monthly Pension

PLEASE INDICATE YOUR SELECTION BY MARKING ONE OF THE FOLLOWING (Tick Applicable Block)

Term Certain Guarantee	5 Years		10 Years		15 Years		20 Years		25 Years	

Signature	Date
Electronic signatures are not permitted to be used on this Application Form.	Y Y Y Y M M D D

APPLICATION FOR DEATH BENEFITS BY SPOUSE/LIFE PARTNER (DEATH OF A MEMBER)

CONTINUED

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

3.3 FLEXIBLE PENSION ONLY

The draw-down percentage per annum may not be less than 2,5% per annum and not exceed 17,5% per annum.

Elected draw down rate per annum ____ % *Compulsory – Please complete this section

INDIVIDUAL INVESTMENT CHOICE

Please note that this is an important reminder regarding the selection process: only one portfolio can be selected.

Please tick the applicable block for your portfolio of choice ***(Select only one)***

	PORTFOLIO	COMMENT	% ALLOCATION
☐	**Wealth Builder**	You may elect to invest all, or a portion of, your Flex Annuity Capital in ONE of these portfolios. You may also elect not to invest in any of these four portfolios by leaving it blank.	____ % **0-100%**
☐	**Inflation Protector**		____ % **0-100%**
☐	**Pension Protector**		____ % **0-100%**
☐	**Shari'ah**		____ % **0-100%**
☐	**Money Market**	You may elect to invest all, or a portion of, your Flex Annuity Capital in this portfolio. You may also elect not to invest in this portfolio by leaving it blank.	____ % **0-100%**
	THE TOTAL OF YOUR PERCENTAGE ALLOCATIONS MUST EQUAL 100%		____ % **0-100%**

Signature	Date
Electronic signatures are not permitted to be used on this Application Form.	Y Y Y Y M M D D

APPLICATION FOR DEATH BENEFITS BY SPOUSE/LIFE PARTNER (DEATH OF A MEMBER)

CONTINUED

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

3.4 HYBRID PENSION

COMBINATION OF A GUARANTEED PENSION AND A FLEXIBLE PENSION

Amount of monthly pension required from the guaranteed pension R ,

(The balance of the capital after securing the guaranteed pension will be transferred to the flexible pension)

OR

CAPITAL ALLOCATION AFTER THE LUMP SUM

Guaranteed pension		%
Flexible pension		%

PLEASE INDICATE YOUR SELECTION BY MARKING ONE OF THE FOLLOWING (Tick Applicable Block)

Term Certain Guarantee	5 Years		10 Years		15 Years		20 Years		25 Years	

INDIVIDUAL INVESTMENT CHOICE

Please note that this is an important reminder regarding the selection process: only one portfolio can be selected.

	PORTFOLIO	COMMENT	% ALLOCATION	
Please tick the applicable block for your portfolio of choice ***(Select only one)***				
	Wealth Builder	You may elect to invest all, or a portion of, your Flex Annuity Capital in ONE of these portfolios. You may also elect not to invest in any of these four portfolios by leaving it blank.	%	0-100%
	Inflation Protector		%	0-100%
	Pension Protector		%	0-100%
	Shari'ah		%	0-100%
	Money Market	You may elect to invest all, or a portion of, your Flex Annuity Capital in this portfolio. You may also elect not to invest in this portfolio by leaving it blank.	%	0-100%
	THE TOTAL OF YOUR PERCENTAGE ALLOCATIONS MUST EQUAL 100%		%	0-100%

Signature	Date
Electronic signatures are not permitted to be used on this Application Form.	Y Y Y Y M M D D

APPLICATION FOR DEATH BENEFITS BY SPOUSE/LIFE PARTNER (DEATH OF A MEMBER)

CONTINUED

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

BANK DETAILS – THIS APPLIES TO BOTH YOUR LUMP SUM BENEFIT AND YOUR MONTHLY PENSION, WHERE APPLICABLE AND IF PROVIDED FOR THROUGH THE FUND. - ALL FIELDS TO BE COMPLETED

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

APPLICATION FOR DEATH BENEFITS BY SPOUSE/LIFE PARTNER (DEATH OF A MEMBER)

CONTINUED

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

(A) DEATH BENEFIT QUESTIONNAIRE – SPOUSE / LIFE PARTNER - ALL FIELDS TO BE COMPLETED

IMPORTANT NOTES

In addition to the application form, please complete the following questionnaire in full 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 sum payable. If enough space is not provided in any of the fields below, please attach additional sheets, these should also be signed and dated by you. Kindly note that the questions relate to information required to enable the Fund to finalise the claim, and that all answers will be treated as confidential.

1. Was the deceased and his spouse living together at the time of death Y N

2. Date of Marriage / Onset of Cohabitation as Life Partners Y Y Y Y M M D D

Married ☐ Cohabiting Partner ☐ Married but separated ☐

3. 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
	YYYYMMDD	YYYYMMDD	YYYYMMDD	YYYYMMDD
	YYYYMMDD	YYYYMMDD	YYYYMMDD	YYYYMMDD
	YYYYMMDD	YYYYMMDD	YYYYMMDD	YYYYMMDD
	YYYYMMDD	YYYYMMDD	YYYYMMDD	YYYYMMDD

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

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

E. DEATH BENEFIT QUESTIONNAIRE – SPOUSE / LIFE PARTNER - *CONTINUED*

6. What is the structure of your current family unit, and what is your current living arrangements?

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

8. To what extent were you and the deceased financially dependent on each other at the time of his / her death?

9. What were your living arrangements at the time of his/her death? If living apart at the time of his / her death, please provide details.

10. Please provide details of all the deceased's spouse(s) / previous spouse(s) / cohabiting partner(s) and provide further details regarding the duration of the abovementioned relationship(s).

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

E. DEATH BENEFIT QUESTIONNAIRE – SPOUSE / LIFE PARTNER - *CONTINUED*

11. 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.

12. 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 member's death.

ASSETS	LIABILITIES

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

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

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

E. DEATH BENEFIT QUESTIONNAIRE – SPOUSE / LIFE PARTNER - *CONTINUED*

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

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

MONTHLY INCOME AND EXPENDITURE STATEMENT

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

PARTICULARS OF APPLICANT - ALL FIELDS TO BE COMPLETED

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

Electronic signatures are not permitted to be used on this Application Form