APPLICATION FOR DISABILITY RETIREMENT BENEFIT

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)

To be completed **only** once your Application for Permanent Disability was approved by the Claims Committee of Sentinel Retirement Fund. Please note that your disability benefit will be based on the following:

Contributing members - Your fund credit, including your disability risk cover, if applicable, will be used to calculate this benefit.

Paid-up members - Your fund credit will be used to calculate this benefit as you do not qualify for the disability risk cover

IMPORTANT

In terms of the Funds registered Rules, a Disability Benefit (consisting of fund credit together with disability risk cover, if applicable) is: **Only payable as a monthly pension [from Sentinel Retirement Fund (the Fund)] and cannot be taken as a once off lump sum benefit.** Only a maximum of one-third of the capital value of my Vested Component may be commuted for a lump sum. I may elect to receive all or part of my Savings Component as a lump sum. **A disability benefit cannot be transferred to another Fund.**

If the Fund receives a **Retirement** or any type of **Withdrawal Benefit application** form from you, it will be accepted that you **do not want to claim a Disability Benefit** or that you **wish to cancel** your application for a Disability Benefit and that you will not appeal any Claims Committee decision regarding your application for disability benefits by submitting new medical evidence to the Fund in support of your Disability Application. Once a Retirement or any Withdrawal Benefit has been paid, **no further benefits will be payable by the Fund (Retirement and Withdrawal Benefits will not include any risk cover).**

Certain participating **employers pay a "disability severance package benefit"** in the event of the Fund not finding a member totally and permanently disabled in terms of the Fund's Rules. If **you claim and receive this benefit from your employer and submit new medical evidence to the Fund in support of your Disability Application and this application is successful**, you may be **legally liable to refund your employer** the "disability severance package benefit "received as these benefits may be considered mutually exclusive from each other. Please consult with your employer in this regard.

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

APPLICATION FOR DISABILITY RETIREMENT BENEFIT

(Continued)

Industry / Participant Number (Member)	Identity Number (Member)

IMPORTANT: DOCUMENTARY REQUIREMENTS CHECKLIST

The following documentation MUST accompany your application (Please tick each item indicating if it is included)

1	Copies of your and your spouse's / life partner's Identity Documents or Passports (Only if no identity document exists)	
2	Copy of marriage certificate (if applicable).	
3	Proof of termination of Employment.	
4	Relevant Divorce Order and Divorce Agreement (if applicable).	
5	Proof of Tax Number (Payslip or IRP5).	
6	BANKING DETAILS	
7	If you are a citizen of Mozambique, a copy of your Teba Contract	
8	Proof of residential address **(Not older than 3 months)** • A municipal account (statement of your account); **OR** • A letter from the employer confirming your address; **OR** • A bank statement; **OR** • Any other account that clearly shows your residential address.	

9	Do you have an IMAS Home Loan?	Yes	No
10	Do you have a pending Divorce in progress?	Yes	No

BENEFIT EFFECTIVE DATE – The date for calculation purposes.

If the Fund receives your application prior to or on your last day of service, your benefit effective date will be the day following your last day of service;

PENSION INCOME CHOICE IN A NUTSHELL

SENTINEL retirement fund

EVENT	QUALIFYING CRITERIA	BENEFIT DETAILS	OPTIONS	TAX TREATMENT
RETIREMENT **LEFT THE SERVICE OF THE EMPLOYER EITHER DUE TO:** • RESIGNATION • RETRENCHMENT • DISMISSAL • RETIREMENT **Continue Reading:** Pension Income Choice Brochure Two-Pot Retirement System Brochure	**NORMAL RETIREMENT** You are within 10 years from Normal Retirement Age (NRA), being the earliest retirement date (provided you are 50 years old), and any chosen later date, even if this date extends beyond NRA. If you decide not to retire in the Fund, you may only retire with another service provider from age 55. **FULLY COMMUTE** **Full Commutation Benefit – De Minimis Provision** A member may elect to receive the full retirement benefit as a lump sum where the amount subject to compulsory annuitisation does not exceed the prescribed de minimis threshold of R240,000. For purposes of this assessment: • Where the member has a Vested Component: the relevant amount is two-thirds of the Vested Component plus the full Retirement Component. • Where the member has no Vested Component: the relevant amount is the full Retirement Component.	A retirement benefit consists of: **VESTED COMPONENT** A maximum one-third lump sum of the balance in this component may be selected. The remaining balance is added to the Retirement Component to provide for a monthly pension selected from the Sentinel Pension Income Choice model. **SAVINGS COMPONENT** The balance, or any part thereof at retirement, can be taken as a lump sum (together with a maximum one-third of the Vested Component), or be added to the Retirement Component to increase the amount available to provide for a monthly pension. **RETIREMENT COMPONENT** The full amount available at retirement in this component must be utilised to provide for a monthly pension.	After deciding on the value of lump sum required, you can sculpt the ideal monthly pension income from the Pension Income Choice model with the remaining capital. **Guaranteed Pension** The following applies: • Pensions are guaranteed for the life of the pensioner and the spouse if provided for. • Spouse pensions are provided at a level of 25%, 50%, 75% or 100%. • A term certain guarantee of 5 to 25 years is selected to secure the payment of the pension should the pensioner die within the term certain period selected. Annual pension increases are awarded at a minimum 80% of CPI, on a with "profit" basis. **Flexible Pension** that provides for a self-managed pension with investment and income drawdown options. **Hybrid Pension** A combination of a guaranteed pension and a flexible pension	The amount taken as a lump sum from the Vested Component and or Savings Component at retirement will be taxed in terms of the Retirement Lump Sum tax table. Monthly pensions are taxable and fall within the ambit of PAYE regulations. **LUMP SUM VALUE** / **RATES OF TAX** R1 – R550,000 — 0% R550,001 – R770,000 — 18% of the amount above R550,000 R770,001 – R1,155,000 — R39,600 +27% above R770,000 R1,155,001 and above — R143,550+36% of the amount above R1,155,000 **Important:** The above tax tables are applied on a cumulative basis on the aggregate of retirement fund lump sum benefits accruing from October 2007, all retirement fund lump sum withdrawal benefits accruing from March 2009 as well as employer severance benefits accruing from March 2011.

Your monthly pension will, therefore, be based on the balance of the Retirement Component, plus a minimum two-thirds of the balance in the Vested Component (the amount after a maximum one-third lump sum), plus any amount available in the Savings Component not taken as a lump sum.

PENSION INCOME CHOICE IN A NUTSHELL

SENTINEL retirement fund

Sentinel offers a Pension Income Choice model to best suit your post-retirement income needs.
The following illustration briefly explains this product offering (after a lump sum commutation option has been exercised).

PENSION INCOME CHOICE OPTIONS

Guaranteed Pension (Life Annuity)	Flexible Pension (Living Annuity)	Hybrid Pension (Combination Guaranteed and Flexible Pension)
• Lifelong guarantee for pensioner and, if selected their spouse(s) **Choose between:** • Single Life – No provision for a spouse. • Spouse's annuity options: 25%, 50%, 75%, or 100%. • Fixed-term guarantee options: 5, 10, 15, 20 or 25-years. • With profit increases.	• Self-managed income and investment choice. • Annual income draw-down rate between 2.5% and 17.5%. • Choice of Member Investment portfolios. • Option to convert to a Life Annuity later.	• Capital can be split in any proportion between a Guaranteed and Flexible Pension. • Same features apply as under the Guaranteed Flexible Pension options.

A member who qualifies for retirement may, in respect of all or part of their Fund Credit (after payment of a lump sum), choose to purchase an annuity from a fund approved by the Revenue Authorities.

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, Wilkoppies, 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

APPLICATION FOR DISABILITY RETIREMENT BENEFIT

(Continued)

SENTINEL retirement fund

Industry / Participant Number (Member)	Identity Number (Member)

PERSONAL DETAIL

Title	Initials	Surname

Full Names (First Two Names in Full)			
1		2	

Identity | Passport Number		Gender	M	F

Tax Number		Birth Date	Y	Y	Y	Y	M	M	D	D

POSTAL ADDRESS

PO Box Number	Suburb, City or Town	Postal Code

RESIDENTIAL ADDRESS

House / Complex Number	Street Name

Suburb	City	Postal Code

CONTACT DETAILS

Tel Number		Mobile Number	
Email			

Please indicate the preferred method of communication	SMS		Email		Telephonic		Postal	

MARITAL STATUS

Have you been divorced before?	Y	N
Are you aware of a divorce order in respect of an allocation of a portion of your Sentinel pension interest to your ex-spouse?	Y	N

If yes, has this amount been paid to your ex-spouse?	Y	N	N/A

Married		Married But Separated		Single		Widowed		Cohabiting Partner	

DETAILS OF SPOUSE / PARTNER

Title	Initials	Surname

Identity | Passport Number		Gender	M	F

Date of Birth	Y	Y	Y	Y	M	M	D	D

CONTACT DETAILS OF SPOUSE

Tel Number		Mobile Number	
Email			

Please indicate the preferred method of communication	SMS		Email		Telephonic		Postal	

APPLICATION FOR DISABILITY RETIREMENT BENEFIT

(Continued)

Industry / Participant Number (Member)	Identity Number (Member)

IMPORTANT: Guarantee: Should the legal spouse and/or life partner, nominated at your retirement, still be alive at the time of your death, he/she will receive the spouse's pension, irrespective of whether you are still married / cohabiting as life partners at the time of your death.

If a Pensioner enters into a legally marriage and/or enters into a life partnership after retirement, such legal spouse and/or life partner will not be entitled to receive a spouse's pension.

SECTION 1: LUMP SUM OPTION

(A) VESTED COMPONENT

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

No Lump Sum		OR	Maximum 1/3 Lump Sum		OR
Selected Lump Sum Amount	R				

(B) SAVINGS COMPONENT

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

No Lump Sum		OR	Full Component Value		OR
Selected Lump Sum Amount	R				

SECTION 2: RETIRE WITH THE FUND

2.1 GUARANTEED PENSION ONLY

(A) PENSION OPTIONS FOR MEMBERS WHO WANT TO PROVIDE FOR A SPOUSE

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	

25%	Spouse pension after completion of term certain guarantee period		50%	Spouse pension after completion of term certain guarantee period	
75%	Spouse pension after completion of term certain guarantee period		100%	Spouse pension after completion of term certain guarantee period	

(B) PENSION OPTIONS FOR MEMBERS WITH NO SPOUSE OR WHO DO NOT WANT TO PROVIDE FOR A SPOUSE

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	

APPLICATION FOR DISABILITY RETIREMENT BENEFIT

(Continued)

Industry / Participant Number (Member)	Identity Number (Member)

2.2 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%**

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Industry / Participant Number (Member)	Identity Number (Member)

2.3 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				%

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

(A) PENSION OPTIONS FOR MEMBERS WHO WANT TO PROVIDE FOR A SPOUSE

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	

25%	Spouse pension after completion of term certain guarantee period		**50%**	Spouse pension after completion of term certain guarantee period	
75%	Spouse pension after completion of term certain guarantee period		**100%**	Spouse pension after completion of term certain guarantee period	

(B) PENSION OPTIONS FOR MEMBERS WITH NO SPOUSE OR WHO DO NOT WANT TO PROVIDE FOR A SPOUSE

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	

Industry / Participant Number (Member)	Identity Number (Member)

COMBINATION OF A GUARANTEED PENSION AND A FLEXIBLE PENSION *(CONTINUED)*

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%

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APPLICATION FOR DISABILITY RETIREMENT BENEFIT

(Continued)

Industry / Participant Number (Member)	Identity Number (Member)

BANK DETAILS – YOUR LUMP SUM AND MONTHLY PENSION WILL BE PAID INTO THIS ACCOUNT

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										
Date opened	Y	Y	Y	Y	M	M	D	D	Savings		Cheque		Transmission		

Signature	Date
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APPLICATION FOR DISABILITY RETIREMENT BENEFIT

(Continued)

Industry / Participant Number (Member)	Identity Number (Member)

ACKNOWLEDGMENT: OPTION TO ELECT DISABILITY RETIREMENT BENEFIT

I hereby confirm as follows:

1. That I have read and understood the brochure, including its contents and implications, and that I have had access to benefits counselling
2. I have completed the Fund's Application for a Retirement Benefit.
3. DISABILITY COVER payable in terms of the Rules, on or after 1 September 2024 will be split as follows:
   i) one-third to the SAVINGS COMPONENT; and;
   ii) two-thirds to the RETIREMENT COMPONENT.
4. I understand that:
   a. By submitting a retirement application, I in effect request that a MIC switch will be split as follows:, and that my funds will accordingly be disinvested to the Money Market (cash) on the date of receipt of my application by the Fund
   b. If I leave service on or after my Normal Retirement Age (NRA), **or** claim a benefit after my NRA, I shall no longer have the option in terms of the Fund's Rules to:
      i) Claim an in-service disability benefit; or
      ii) Claim a cash withdrawal benefit.
   c. The application for benefits **may be cancelled in the event of the application form not having been properly completed and the required supporting documents not having been submitted with the application form.**
   d. Once the member reaches NRA and/or once the member applies to receive an age-based retirement benefit, the member will no longer be entitled to a Risk Cover in terms of the Rules.
   e. If I leave service on or after my Normal Retirement Age (NRA), or claim a benefit after my NRA, I may elect to receive a retirement benefit from the Fund, including any retirement lump sum permitted in terms of applicable legislation. The remaining benefit shall be applied towards the purchase of an annuity, either within the Fund or with another annuity provider approved by the Revenue Authorities, subject to the terms, conditions, restrictions, and options set out in the Rules.
   f. In terms of the Fund's Rules read with current legislation and income tax practice, a maximum of one-third of the capital value of my Vested Component may be commuted for a lump sum. I may elect to receive all or part of my Savings Component as a lump sum. Any portion of the Savings Component not taken as a lump sum will be paid as a monthly pension. The balance is payable as a monthly pension. This is subject to certain exceptions which may or may not apply to me;
   g. I may elect to commute less than one-third of the benefit, or even to not commute at all (i.e. to take the entire benefit as a monthly pension);
   h. The Fund's Rules also provide other options relating to my benefit which have been explained to me;
   i. The available options are subject to the Rules;
   j. It is incumbent on me:
      i. To ensure that I understand the options available to me and their consequences;
      ii. To elect options best suited to my needs and if necessary, to obtain advice from a registered financial adviser or intermediary;
      iii. To ensure that in completing the form, I elect the options that I intend to elect;
      iv. If I knowingly mislead the Fund or withhold relevant information, including those in relation to divorce, civil and/or criminal proceedings can be instituted against me. The Fund will be absolved of liability of loss which any person may suffer as a result.
      v. My financial advisor is qualified and authorised in terms of the applicable legislation to provide the services rendered and must disclose available options and other information relevant to me. I cannot hold the Fund liable if my advisor did not disclose information or gave inappropriate advice which may result in me suffering any loss or inconvenience.
   k. The Fund is entitled to assume that I understand my options and to give effect thereto;

APPLICATION FOR DISABILITY RETIREMENT BENEFIT

(Continued)

Industry / Participant Number (Member)	Identity Number (Member)

ACKNOWLEDGMENT: OPTION TO ELECT DISABILITY RETIREMENT BENEFIT (CONTINUED)

l. **Once the Fund gives effect to my options, I cannot revoke or change them. This includes:**

i. **My choice to take a retirement benefit (if I am eligible for another benefit);**

ii. **An election to commute less than one-third of my benefit for a lump sum, or to not commute at all (i.e. to take the entire benefit as a monthly pension);**

iii. **Any other options elected, subject to eligibility (including term certain guarantee, spouse's pension, second and third tier options, etc.);**

5. I also acknowledge that by signing this document:
   a. I waive any right to claim that I was not informed of the consequences of my elections;
   b. I will have no basis to dispute the validity of my elections through the courts, the Pension Funds Adjudicator or any other forum, or to seek an order that the Fund must change any option/s that I elected;
   c. Transfer according to my instructions will constitute full and final settlement of all claims against the Fund. The Fund will have no further liability towards any person in respect of this or any other benefit relating to my membership.
   d. I understand that my reasons for electing these options or any subsequent change in my financial or personal circumstances do not affect what is stated here.
6. I understand this document and sign it voluntarily and without duress.

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

APPLICATION FOR DISABILITY RETIREMENT BENEFIT

(Continued)

Industry / Participant Number (Member)	Identity Number (Member)

NOTES ON COMPLETING THE NOMINATION FORM

Please note the following important information before completing your nomination form:

1. This nomination only applies to lump sum death benefits payable in terms of the Rules of the Fund when and if applicable. Death benefits are awarded and paid in terms of sect.37C of the Pension Fund Act to dependants, nominees or your Estate.
2. The Pension Funds Act defines a "dependant" as:
   - 2.1. A person to whom the pensioner is legally liable for maintenance; or
   - 2.2. A person who is in fact, based on tangible evidence subject to the consideration of the Trustees, dependent on the pensioner for maintenance; or
   - 2.3. The legal spouse of the pensioner and life partnership of a permanent nature.
   - 2.4. Biological/legally adopted children of the pensioner including major children; or
   - 2.5. A person to whom the pensioner would have been legally liable for maintenance had he/she not died.
3. It is vital that the Trustees are informed of all persons who fall in the category of "Dependants". If they do not have this information, there could be a considerable delay in determing and validating dependants before benefits can be paid.

   You must list all 'dependants' in this in this nomination form irrespective of whether they are dependent on you or not. Should you not wish for them to receive in a portion of the benefit simply write 000 % next to such person(s) name(s) and provide motivation to support your wishes.
4. You may nominate one or more persons to receive a portion of, or the whole of, any benefit payable upon your death. Such a person are referred to as *nominees* and are persons who are not dependants, nor financially dependent on you, but whom you wish to include as potential recipients of the death benefit.
5. If you feel that the benefit should be managed or protected on behalf of a beneficiary who is incapable of taking care of his/her own affairs, a beneficiary fund can be nominated to administer and manage the benefit on such beneficiaries behalf.
6. If you are not survived by dependants and your Estate is insolvent, the Fund will bring your Estate to solvency before making any payment to the nominees.
7. Current tax legislation will be applicable, and benefits may be subjected to tax, in the hands of the deceased pensioner who provided for a death benefit lump sum.
8. The nomination is made, acknowledging that:
   - 8.1. It is not binding on the Fund;
   - 8.2. It may be changed at any time by the pensioner who provided for the benefit;
   - 8.3. If any dependant or nominee should predecease you, their estate or heirs will not be entitled to claim a benefit, or portion thereof.
9. **PLEASE COMPLETE THIS FORM AND ENSURE THAT THE % OF BENEFIT COLUMN ADDS UP TO 100%.**

If required, additional pages may be added to the nomination but **must** be dated and signed.

Signature

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

Date

Y Y Y Y M M D D

PENSIONER NOMINATION FORM

APPLICATION FOR DISABILITY RETIREMENT BENEFIT – *(CONTINUED)*

Industry / Participant Number		Identity Number	

1. DEPENDANTS & NOMINEES

	Initials and Surname	Date of Birth	Relationship to Pensioner	Tel No.	Is This Person Dependant on You?		% of Benefit		Beneficiary Fund Required	
1.		Y Y Y Y M M D D			Y	N	%		Y	N
2.		Y Y Y Y M M D D			Y	N	%		Y	N
3.		Y Y Y Y M M D D			Y	N	%		Y	N
4.		Y Y Y Y M M D D			Y	N	%		Y	N
5.		Y Y Y Y M M D D			Y	N	%		Y	N
6.		Y Y Y Y M M D D			Y	N	%		Y	N
7.		Y Y Y Y M M D D			Y	N	%		Y	N
8.		Y Y Y Y M M D D			Y	N	%		Y	N

2. DETAILS OF ALTERNATIVE BENEFICIARIES

In the event that the abovementioned person(s) pre-decease you please provide alternative persons/institutions that must be considered to share in your death benefit.

	Initials and Surname	Date of Birth	Relationship to Pensioner	Tel No.	Is This Person Dependant on You?		% of Benefit		Beneficiary Fund Required	
1.		Y Y Y Y M M D D			Y	N	%		Y	N
2.		Y Y Y Y M M D D			Y	N	%		Y	N
3.		Y Y Y Y M M D D			Y	N	%		Y	N
4.		Y Y Y Y M M D D			Y	N	%		Y	N

Signature

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Date

Y Y Y Y M M D D

APPLICATION FOR DISABILITY RETIREMENT BENEFIT

(Continued)

PENSIONER NOMINATION FORM - *CONTINUED*

Industry / Participant Number (Member)	Identity Number (Member)

Comments/Motivation: Additional pages may be attached if required and must be dated and signed

I request that the Trustees pay the amount which may become payable from the Fund as a result of my death, to the persons mentioned above subject to the provisions of the Rules of the Fund and the provisions of Section 37C of the Pension Funds Act. I also realise that in certain circumstances the Trustees of the Fund will have the discretion to ignore my request for the sake of equity and reasonableness in the disposal of such benefit. This nomination revokes and replaces all previous nominations made by me.

NOMINATIONS SHOULD BE REVIEWED REGULARLY!

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