MEMBER NOMINATION FORM

BENNOM01

SENTINEL retirement fund

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

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.

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. 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 member is legally liable for maintenance; or
   - 2.2. A person who is in fact, in the opinion of the Trustees, dependent on the member for maintenance; or
   - 2.3. The spouse of the member and living together relationships of a permanent nature.
   - 2.4. Biological/legally adopted children of the member including major children; or
   - 2.5. A person to whom the member 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 also nominate a natural person to receive any portion of the S37C lump sum benefit payable on your death. They are known as "nominees". A nominee is a person who is not a dependant of yours and whom you wish to share in the 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 created to protect his/her share of the benefit.
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, in such instances payment to nominees.
7. Current tax legislation will be applied to, and benefits may be subjected to tax, in the hands of the deceased member 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 member 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	Date
Electronic signatures are not permitted to be used on this Application Form.	Y Y Y Y M M D D

MEMBER NOMINATION FORM

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SENTINEL retirement fund

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

SECTION A: PERSONAL DETAILS OF MEMBER

Title	Initials	Surname

Full Names (First Two Names in Full)			
1		2	

Identity Number | Passport Number		Gender	M	F

SECTION B: PREFERRED COMMUNICATION CHANNEL

The fund also uses electronic communication channels. Should you prefer to receive relevant and important information relating only to your participation in the Fund electronically rather than through posted paper, please provide the following:

Telephone Number	Code		Number	
Mobile Number	Code		Number	
E-mail				

Please indicate the preferred method of communication	SMS		Email		Telephonic		Postal	

SECTION C: DETAILS OF CURRENT SPOUSE

Initials	Surname	Date of marriage / commencement of relationship
		YYYYMMDD

Identity Number	

IF YOU HAVE MORE THAN ONE SPOUSE, PLEASE COMPLETE THE DETAIL OF THE SECOND SPOUSE

Initials	Surname	Date of marriage / commencement of relationship
		YYYYMMDD

Identity Number	

SECTION D: DETAILS OF PREVIOUS SPOUSE(S)

Initials and Surname	Date of Birth	Date of Marriage / commencement of relationship	Date of Change of Marriage / Relationship	Reason for Change
	YYYYMMDD	YYYYMMDD	YYYYMMDD	
	YYYYMMDD	YYYYMMDD	YYYYMMDD	
	YYYYMMDD	YYYYMMDD	YYYYMMDD	

MEMBER NOMINATION FORM

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SENTINEL retirement fund

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

SECTION E: LIST ALL BIOLOGICAL / LEGALLY ADOPTED CHILDREN

	FULL NAME AND SURNAME	DATE OF BIRTH	BIOLOGICAL PARENTS NAMES	DEPENDENT ON MEMBER	
1.		YYYYMMDD		Y	N
2.		YYYYMMDD		Y	N
3.		YYYYMMDD		Y	N
4.		YYYYMMDD		Y	N
5.		YYYYMMDD		Y	N
6.		YYYYMMDD		Y	N
7.		YYYYMMDD		Y	N

Signature

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

Date

Y Y Y Y M M D D

MEMBER NOMINATION FORM

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SENTINEL retirement fund

Industry / Participant Number		Identity Number	

1. DEPENDANTS & NOMINEES

	Initials and Surname	Date of Birth	Relationship to Member	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 Member	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

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

Date

Y Y Y Y M M D D

MEMBER NOMINATION FORM

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SENTINEL

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