# LIFE CERTIFICATE

LIFE01

| Industry / Participant Number | Passport Number |
|---|---|
| | |

## 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: DOCUMENTARY REQUIREMENTS CHECKLIST

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

| | | |
|---|---|---|
| 1 | Copy of your Passport | |
| 2 | Proof of South African Tax Number | |
| 3 | Proof of formal cessation of tax residency and tax exemption (if applicable) | |
| 4 | Proof of Double Taxation Agreement with SARS (if applicable) | |
| 5 | Death Certificate of Spouse (if applicable) | |

Please submit all the required documents. If you fail to submit any required documents, it may cause the monthly pension to be suspended.

## PERSONAL DETAILS – ALL FIELDS TO BE COMPLETED

| Title | Initials | Surname |
|---|---|---|
| | | |

| Full Names (First Two Names in Full) | | | |
|---|---|---|---|
| 1 | | 2 | |

| Identity Number \| Passport Number | |
|---|---|
| Tax Number | |

| Gender | M | F | Birth Date | Y | Y | Y | Y | M | M | D | D |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | |

## CONTACT DETAILS – ALL FIELDS TO BE COMPLETED

| Telephone Number | Code | | Number | |
|---|---|---|---|---|
| Mobile Number | Code | | Number | |
| E-mail | | | | |

| Please indicate the preferred method of communication | SMS | | Email | | Telephonic | | Postal | |
|---|---|---|---|---|---|---|---|---|

## POSTAL ADDRESS – ALL FIELDS TO BE COMPLETED

| PO Box Number | Suburb, City or Town | Postal Code |
|---|---|---|
| | | |

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Note: Applicable to main pensioner who retired in the fund, not the spouse in receipt of a spouses benefit after the passing of main pensioner.

## PERSONAL DETAILS OF SPOUSE/LIFE PARTNER

| Title | Initials | Surname |
|---|---|---|
| | | |

| Identity/Passport Number | |
|---|---|
| Gender | F M |
| Birth Date | Y Y Y Y M M D D |

| | | |
|---|---|---|
| Is this your spouse at the time of retirement | Yes | No |
| Is your spouse still alive | Yes | No |

Please submit a copy of your spouse's death certificate if your spouse is deceased.

## PENSIONER DECLARATION

**I declare that I am a pensioner of the Fund and understand that if I fail to return this document, my monthly pension will be suspended, and that a false declaration will lead to legal action by the Fund.**

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

## WITNESS DECLARATION

I certify that the pensioner knows and understands the contents of this declaration which was signed before me on

| this | | day of | | 2 | 0 | |
|---|---|---|---|---|---|---|

| Full Name(s) | |
|---|---|
| Telephone No | |

| | | | | |
|---|---|---|---|---|
| Commissioner of Oaths | | Bank Manager | | Stamp of Institution / Commissioner of Oaths |
| Police Officer | | Minister of Religion | | |
| Lawyer/Solicitor | | Fund Official | | |
| | | Post Office Manager/Postmaster | | |

**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