SENTINEL
Mining Industry Retirement Fund
Safeguarding Your Future

MINE EMPLOYEES
PENSION FUND

* D E X E 1 *

APPLICATION FOR DEATH BENEFITS BY EXECUTOR

Industry Number of Deceased Member	Identity Number of Deceased Member

Title	Initials	Surname of Deceased Member

DETAILS OF EXECUTOR

Executor Name

POSTAL ADDRESS OF EXECUTOR

P O Box Number	Suburb, Town or City	Postal Code

RESIDENTIAL ADDRESS OF EXECUTOR

Street Number	Street Name

Suburb, Town or City	Postal Code

CONTACT NUMBERS OF EXECUTOR

Home Tel No	Code	Number	
Work Tel No	Code	Number	
Fax No	Code	Number	
Cell No	Code	Number	
E-Mail			

I hereby confirm that to the best of my knowledge the late member had ☐☐ (number) biological / legally adopted children.

DECLARATION

I acknowledge that I have read and understand the information in the death benefit brochure and the implications thereof.

Signature of Executor

Date (YYYYMMDD)
Y Y Y Y M M D D

Please send your application form and required documents to : The Manager, MPF Management Services, P O Box 61172, Marshalltown, 2107