SENTINEL
Mining Industry Retirement Fund
Safeguarding Your Future

MINE EMPLOYEES
PENSION FUND

DAPL1

APPLICATION FOR DEATH BENEFITS BY OTHER PARTIES

IMPORTANT NOTES:

- Applicants applying for death benefits should complete individual application forms.
- A separate application should be completed for minor children if not in the care of the spouse.
- Failure to complete and/or incorrect information may lead to a delay in finalising the claim for benefits.
- 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.
- Beneficiaries who intend to waive their right to any portion of the benefit should **only** complete the waiver form.
- If applying on behalf of a minor or handicapped major address, contact and banking details of person or institution should be provided.

Industry Number of Deceased Member

Identity Number of Deceased Member

Title | Initials | Surname of Deceased Member

PERSONAL DETAILS (Person to whom benefit will be allocated)

Title | Initials | Surname

Identity Number | Passport Number

Country Where Passport Was Issued | Gender (Please tick block) | Date Of Birth (YYYYMMDD)

Male ☐ Female ☐ | Y Y Y Y M M D D

RELATIONSHIP TO DECEASED MEMBER (Please tick one appropriate block only)

Minor Child	☐	Major Child	☐
Customary Law Wife	☐	Nominee	☐
Ex-Spouse	☐	Factual Dependant	☐
Custodian Of Minor Beneficiary	☐	Cohabiting Partner	☐

DETAILS OF CHILDREN (INCLUDES BIOLOGICAL AND LEGALLY ADOPTED CHILDREN) (See Notes)

IMPORTANT NOTE:
Only children in the actual care of the above party should be noted and includes biological and legally adopted children. (See Notes)

Initials	Surname (Child 1)	Date Of Birth (YYYYMMDD)
		Y Y Y Y M M D D
Initials	Surname (Child 2)	Date Of Birth (YYYYMMDD)
		Y Y Y Y M M D D
Initials	Surname (Child 3)	Date Of Birth (YYYYMMDD)
		Y Y Y Y M M D D
Initials	Surname (Child 4)	Date Of Birth (YYYYMMDD)
		Y Y Y Y M M D D
Initials	Surname (Child 5)	Date Of Birth (YYYYMMDD)
		Y Y Y Y M M D D

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PENSION FUND

* D A P L 2 *

APPLICATION FOR DEATH BENEFITS BY OTHER PARTIES (CONTINUED)

Industry Number of Deceased Member	Identity Number of Deceased Member

ADDRESS DETAILS OF APPLICANT

POSTAL ADDRESS OF APPLICANT

P O Box Number	Suburb, Town or City	Postal Code

RESIDENTIAL ADDRESS OF APPLICANT

Street Number	Street Name

Suburb, Town or City	Postal Code

CONTACT NUMBERS OF APPLICANT

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

BANKING DETAILS OF APPLICANT

For reasons of security, the Funds recommend payment by direct deposit. Upon payment in terms of the above instructions, the Funds shall have no further liabilities to the member.

IMPORTANT: An original or certified copy of Bank statement containing personal and account details on the letter head of the institution, and which has been stamped and signed by an authorized bank official, has to be attached. Please sign the bank statement.

Name of account holder			
Bank			
Branch name			
Account number		Branch code	

ACCOUNT TYPE (Tick In Applicable Block)

Savings		Cheque		Transmission	

NOTE : CREDIT CARD, POST OFFICE AND BOND ACCOUNTS ARE UNACCEPTABLE

Signature of Applicant

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