SENTINEL
Mining Industry Retirement Fund
Safeguarding Your Future

MINE EMPLOYEES
PENSION FUND

DWAI1

BENEFIT WAIVER

Industry Number of Deceased Member

Identity Number of Deceased Member

SECTION 1 DETAIL OF APPLICANT

Title | Initials | Surname

Full Names

1 | 2

3 | 4

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

POSTAL ADDRESS

P O Box Number | Suburb, City or Town | Postal Code

CONTACT DETAILS

Home Tel No | Code | Number

SECTION 2 BENEFIT WAIVER BY APPLICANT

Title | Initials | Surname

I,

Hereby declare under oath:

1. I am aware that in terms of the Pension Funds Act 24 of 1956 (the Act), I am regarded as a beneficiary in respect of the lump sum death benefit/s payable by the Mine Employees Pension Fund and/or the Sentinel Mining Industry Retirement Fund (the Fund/s) as a result of the death of the above member of the fund/s.
2. I hereby waive and repudiate any claim which I may have in respect of such benefit/s.
3. I exercise this waiver voluntarily and in good faith while of sound and sober mind and without having been subjected to duress in any form.
4. This is not intended to be a cession, transfer or reduction of pension rights as envisaged in the Act.
5. I am aware of the following:
   - 5.1 Any benefit so waived will be apportioned or re-allocated at the sole discretion of the Trustees of the Fund/s in accordance with the Act.
   - 5.2 Only persons who are beneficiaries in terms of the Act can be taken into account for such apportionment or re-allocation.
   - 5.3 The decision of the Trustees is final in terms of the Rule/s of the Fund/s.

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