



PENSION INTEREST LIABILITY INDEMNITY FORM

I, Mr/Mrs/Ms	<input type="text"/>	Industry Number	<input type="text"/>
--------------	----------------------	-----------------	----------------------

hereby declare the following:

- A) That my marriage to Mr/Mrs/Ms

ID Number/Date of Birth	<input type="text"/>	was dissolved by divorce on	<input type="text"/>
-------------------------	----------------------	-----------------------------	----------------------
- B) That I do not have a divorce order and settlement agreement in my possession nor am I able to acquire said documents.
- C) That in terms of the Settlement Agreement no portion of the pension interest due to me from Sentinel Mining Industry Retirement Fund / Mine Employees Pension Fund, is due to the above-said ex-spouse.
- D) That I indemnify the Sentinel Mining Industry Retirement Fund / Mine Employees Pension Fund from any liability should my ex-spouse in fact be entitled to and claim a share of my pension interest, and that I may be held liable in my personal capacity in respect of the relevant amount.
- E) That if the above-said ex-spouse is in fact entitled to a share of my pension interest and subsequently submits a claim to the Sentinel Mining Industry Retirement Fund / Mine Employees Pension Fund after payment of the benefit, he/she may hold me liable in respect of the relevant amount in my personal capacity.

By signing this form I confirm, understand, acknowledge or am satisfied that to the best of my knowledge, the information in this Pension Interest Liability Indemnity Form is accurate and that I have not withheld any information.

Signed on this	<input type="text"/>	<input type="text"/>	Day of	<input type="text"/>	<input type="text"/>	<input type="text"/>	2	0	<input type="text"/>	<input type="text"/>	at	<input type="text"/>
----------------	----------------------	----------------------	--------	----------------------	----------------------	----------------------	---	---	----------------------	----------------------	----	----------------------

Signature
<input type="text"/>

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