

De Beers Pension Fund, Retirement Fund and De Beers Benefit Society

M2.4: Registration of Marriage

To be completed by employees when changing name or marital status

Note: Pension/retirement Fund members to complete and attach Beneficiary nomination form (M9.1) and Sworn declaration (M11.1) if required

Please indicate membership:

DE BEERS PENSION FUND – DB	<input type="checkbox"/>	DE BEERS RETIREMENT FUND	<input type="checkbox"/>
DE BEERS PENSION FUND - DC	<input type="checkbox"/>	DE BEERS BENEFIT SOCIETY	<input type="checkbox"/>

SECTION A – MEMBER’S PRESENT DETAILS			
SURNAME			
FIRST NAMES			
ID NUMBER		OPERATION	
POLICY NUMBER			

SECTION B – PARTICULARS TO BE AMENDED			
Note:			
1. A certified copy of the marriage certificate must accompany this form for status changes			
2. A certified copy of the ID must accompany this form for surname changes			
NEW SURNAME (if applicable)			
(Female employees) Do you wish your surname to be changed to your married surname?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
DATE OF MARRIAGE			
TYPE OF MARRIAGE (TICK)	CIVIL CEREMONY	<input type="checkbox"/>	
	RELIGIOUS CEREMONY	<input type="checkbox"/>	
	AFRICAN LAW AND CUSTOM	<input type="checkbox"/>	

SECTION C – SPOUSES’S DETAILS			
IS SPOUSE A MEMBER OF THE DE BEERS BENEFIT SOCIETY	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
BENEFIT SOCIETY POLICY NUMBER OF SPOUSE			

SECTION D – BENEFIT SOCIETY ELECTION					
OPTION 1	I SHALL BECOME A DEPENDANT OF MY SPOUSE’S MEDICAL AID (Please complete M1a and M2.1)	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
OPTION 2	MY SPOUSE IS/IS NOT A MEMBER OF ANOTHER MEDICAL AID AND I ELECT TO CONTINUE ON BENEFIT SOCIETY	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

EMPLOYEE SIGNATURE	
I	DECLARE THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.
Print name here	
DATE	
SIGNATURE	