

To be completed by De Beers Pension Fund Members on retirement

SECTION A – MEMBER’S PERSONAL DETAILS			
SURNAME			
FIRST NAMES			
ID NUMBER		DATE OF BIRTH	
POLICY NUMBER		OPERATION	
FORWARDING ADDRESS			POSTAL CODE
CONTACT TELEPHONE NUMBER		CELLPHONE NUMBER	

PLEASE COMPLETE ONLY THE RELEVANT SECTION PERTAINING TO THE MEMBER’S CIRCUMSTANCES

SECTION B – PENSION FROM DE BEERS PENSION FUND			
<p>In terms of the Rules, all members of the Society are entitled to retain their membership on retirement and, in a like manner, widows of deceased members or retired members may elect to continue their membership.</p> <p>You are therefore invited to exercise your rights by stating “YES” to either option 1 OR option 2:</p>			
OPTION			
OPTION 1 (Continuation)	I elect to continue as a member of the Society and therefore request any registered dependant’s membership be retained as well.	YES	<input type="checkbox"/>
OPTION 2 (Termination)	I elect to terminate my membership of the Society in the understanding that I will not be eligible for re-admission to the Society. Membership of all registered dependants will also be terminated.	YES	<input type="checkbox"/>
AUTHORISATION			
<p>I hereby authorise and empower the De Beers Benefit Society to make payment for and on my behalf of all medical expenditure incurred by me, or my dependants, in terms of the rules of the De Beers Benefit Society, which I hereby agree and undertake to repay to the De Beers Benefit Society free of interest, and hereby accept a statement signed by the Manager of the De Beers Benefit Society as proof at all times, of the sum or sums owing by me to the De Beers Benefit Society. I hereby authorise the De Beers Benefit Society to make deductions from any pension/annuity due to me by the De Beers Pension Fund of any amount whatsoever which may become payable by me, in terms of the rules of the De Beers Benefit Society.</p>			
MEMBER	DATE		
	SIGNATURE		
WITNESS	NAME		
	DATE		
	SIGNATURE		
POST RETIREMENT BENEFIT AND SALARY DETAILS TO BE COMPLETED BY EMPLOYER			
This member is eligible to receive a post retirement medical benefit			
This member is not eligible to receive a post retirement medical benefit			
INCOME CATEGORY AT RETIREMENT			
HR OFFICER	NAME		
	DATE		
	SIGNATURE		

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SECTION C – PURCHASE OF ANNUITY FROM OUTSIDE INSURER

In terms of the Rules, all members of the Society are entitled to retain their membership on retirement and, in a like manner, widows of deceased members or retired members may elect to continue their membership of the Society as **cash payers**.

Contributions

- These are payable monthly, in advance by no later than the 3rd day of every month
- The Society's banking details are as follows:
 - Bank name: STANDARD BANK
 - Branch code: 050002
 - Acc number: 040048225
- Should contributions be in arrears for more than 15 days, membership of the Society will be suspended
- Should the subscription not be brought up to date within 60 days of falling due, membership could be terminated

Medical accounts

- The Society will only settle its liabilities with the service providers
- Member will be responsible for settling any co-payments and levies directly with the service providers

You are therefore invited to exercise your rights by stating "YES" to either option 1 OR option 2:

OPTION

OPTION 1 (Continuation)	I elect to continue as a member of the Society and therefore request any registered dependant's membership be retained as well.	YES	<input type="checkbox"/>
OPTION 2 (Termination)	I elect to terminate my membership of the Society in the understanding that I will not be eligible for re-admission to the Society. Membership of all registered dependants will also be terminated.	YES	<input type="checkbox"/>

AUTHORISATION

I hereby authorise and empower the De Beers Benefit Society to make payment for and on my behalf of all medical expenditure incurred by me, or my dependants, in terms of the rules of the De Beers Benefit Society, which I hereby agree and undertake to repay to the De Beers Benefit Society free of interest, and hereby accept a statement signed by the Manager of the De Beers Benefit Society as proof at all times, of the sum or sums owing by me to the De Beers Benefit Society. I hereby authorise the De Beers Benefit Society to make deductions from any pension/annuity due to me by the De Beers Pension Fund of any amount whatsoever which may become payable by me, in terms of the rules of the De Beers Benefit Society.

MEMBER	DATE	
	SIGNATURE	
WITNESS	NAME	
	DATE	
	SIGNATURE	

POST RETIREMENT BENEFIT AND SALARY DETAILS TO BE COMPLETED BY EMPLOYER

This member is eligible to receive a post retirement medical benefit		
This member is not eligible to receive a post retirement medical benefit		
INCOME CATEGORY AT RETIREMENT		
HR OFFICER	NAME	
	DATE	
	SIGNATURE	