

## De Beers Pension Fund – DC Section and Benefit Society

### DC3.1 Termination

To be completed upon resignation, dismissal or retrenchment of an employee

Note: All sections A to D must be completed before this form is sent to the Fund, otherwise there will be a delay in payment

SECTION A – MEMBER'S PERSONAL DETAILS									
SURNAME						POLICY NUMBER			
FIRST NAMES						OPERATION			
ID NUMBER						DATE OF BIRTH			
TELEPHONE NUMBER						CELL NUMBER			
FORWARDING POSTAL ADDRESS						CODE			
ALTERNATE CONTACT DETAILS E.G. FAMILY MEMBER						CODE			
FORWARDING EMAIL ADDRESS						TELEPHONE NUMBER			
DATE EMPLOYED				DATE JOINED FUND			LAST DAY WORKED		
ETHNIC ORIGIN	BLACK	<input type="checkbox"/>	WHITE	<input type="checkbox"/>	COLOURED	<input type="checkbox"/>	ASIAN	<input type="checkbox"/>	<input type="checkbox"/>
REVENUE OFFICE WHERE TAX LAST PAID						TAX NUMBER			
<p><b>PLEASE NOTE THAT THE TAX NUMBER IS COMPULSORY. IF THE MEMBER IS NOT REGISTERED WITH SARS (SOUTH AFRICAN REVENUE SERVICES) LATE PAYMENT OF BENEFITS MAY RESULT. MEMBERS IN RECEIPT OF AN ANNUAL SALARY OF R60 000 OR LESS PER ANNUM MUST REGISTER WITH SARS FOR PENSION FUND LUMP SUM PURPOSES. MEMBERS CAN BE REGISTERED ONLINE AT <a href="http://WWW.SARS.GOV.ZA">WWW.SARS.GOV.ZA</a></b></p>									

REASON FOR TERMINATION	RESIGNATION	<input type="checkbox"/>	DISMISSAL	<input type="checkbox"/>	RETRENCHMENT	<input type="checkbox"/>
------------------------	-------------	--------------------------	-----------	--------------------------	--------------	--------------------------

SECTION B – EMPLOYEE'S INSTRUCTION FOR REFUND (TICK)		
<b>DEFINED CONTRIBUTION (DC Section) MEMBERSHIP:</b>		
1	DEFER PENSION (No option to withdraw benefit prior to retirement age 50)	
2	REFUND OF BALANCE IN MY FUND CREDIT	
3	TRANSFER TO AN APPROVED FUND AS DEFINED IN THE RULES	
<b>DEFERRED DEFINED BENEFIT (DB Section) MEMBERS (IF APPLICABLE)</b>		
<b>This instruction should be similar to the instruction for DC refund</b>		
1	REMAIN A DEFERRED DEFINED BENEFIT MEMBER	
2	REFUND OF CAPITAL VALUE OF MY SPECIAL DEFERRED PENSION	
3	TRANSFER TO AN APPROVED FUND AS DEFINED IN THE RULES	

SECTION C – BANKING DETAILS					
METHOD OF PAYMENT	DEPOSIT	<input type="checkbox"/>	CHEQUE	<input type="checkbox"/>	
IF CHEQUE ABOVE, READ AND SIGN	<p>I hereby request and direct the De Beers Pension Fund to pay my pension refund by means of a cheque made payable to myself. This cheque is to be posted to me at the postal address indicated above. I accept that the risk inherent in this arrangement (particularly the risk of theft of any cheque before it reaches me) will vest entirely with me and that the Fund's obligation to pay the amount of the relevant cheque shall be fulfilled as soon as such cheque is posted to me. If such cheque is stolen or lost before it reaches me, I will have no claim whatsoever against the Fund.</p>			NAME	
				DATE	
				SIGNATURE	
BANK/BUILDING SOCIETY DETAILS	NAME				
	BRANCH				
	ACCOUNT NUMBER				

**De Beers Pension Fund – DC Section and Benefit Society**

**DC3.1 Termination**

To be completed upon resignation, dismissal or retrenchment of an employee

Note: All sections A to D must be completed before this form is sent to the Fund, otherwise there will be a delay in payment

SECTION D – CERTIFICATE BY EMPLOYER OF MEMBER'S OUTSTANDING DEBT				
DOES EMPLOYEE HAVE A HOUSING LOAN/BOND FOR WHICH THE COMPANY PROVIDED SECURITY/GUARANTEE (IF YES, ATTACH A COPY OF THE SIGNED AGREEMENT. INDICATE PAYEE DETAILS)	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
AMOUNT TO BE RECOVERED FROM MEMBER'S PENSION MONIES	R			

CHECKLIST		
<b>This form must be accompanied by the following:</b>		
FORM M6.3 (only applicable if member elects to defer)		
Letter from General Manager for Retrenchments		
M436 Membership to DBBS – Cash Payers (applicable to retrenched members with more than 15 years service)		
IT 77 – SARS FORM FOR EMPLOYEES NOT REGISTERED WITH SARS		
DISCLAIMER – MEMBER TRANSFER TO APPROVED FUND		
DECLARATION – MEMBER OVER 50 WITHDRAWAL		
CERTIFIED COPY OF ID		
IF EMPLOYEE HAS A HOUSING LOAN/BOND FOR WHICH THE COMPANY PROVIDED SECURITY/GUARANTEE (SECTION D), A COPY OF THE SIGNED AGREEMENT IS NEEDED		
IF MEMBER ELECTS TO TRANSFER TO AN APPROVED FUND HIS/HER PENSION (OPTION 3 IN SECTION B ABOVE)  PLEASE REFER TO RULE C5 & C9 AND NOTE THAT THE TRANSFER MUST BE IN ACCORDANCE WITH SARS CIRCULAR RF1/98 AS AMENDED FROM TIME TO TIME OR ANY CIRCULAR THAT REPLACES IT  PLEASE TICK TO CONFIRM THAT THE FOLLOWING ARE ATTACHED	NAME AND ADDRESS OF INSTITUTION OR PENSION FUND	<input type="checkbox"/>
	COPY OF MEMBER'S POLICY APPLICATION	<input type="checkbox"/>
	CONTACT DETAILS OF THE FUND/BROKER	<input type="checkbox"/>
	BANK DETAILS OF PENSION/PRESERVATION/PROVIDENT OR RETIREMENT ANNUITY FUND	<input type="checkbox"/>
PLEASE NOTE THE FOLLOWING IMPORTANT INFORMATION REGARDING MEDICAL ACCOUNTS AND DEBT TO THE SOCIETY:		
<ol style="list-style-type: none"> <li>IN CASES WHERE THE MEMBER WHO IS WITHDRAWING <u>HAS NO MEDICAL DEBT</u>, THE SOCIETY PAYS ONLY THEIR LIABILITY TO SERVICE PROVIDERS ONCE THEY HAVE RECEIVED NOTIFICATION OF THE RESIGNATION/DISMISSAL OR RETRENCHMENT. THE MEMBER IS THEREFORE LIABLE TO SETTLE THE MEMBER PORTION DIRECTLY WITH THE SERVICE PROVIDER.</li> <li>IN CASES WHERE THE MEMBER WHO IS WITHDRAWING <u>HAS A MEDICAL DEBT</u>, THE MEMBER WILL BE REFUNDED THE SOCIETY'S LIABILITY AND THE MEMBER WILL BE RESPONSIBLE FOR SETTLING THE ACCOUNT IN FULL WITH THE SERVICE PROVIDER.</li> <li>SHOULD THE MEMBER BE ENTITLED TO A REFUND FROM THE SOCIETY, THIS WILL BE PAID TO HIM/HER FOUR MONTHS AFTER THEIR WITHDRAWAL DATE, AS THE SOCIETY IS RESPONSIBLE TO SETTLE CLAIMS UP TO FOUR (4) MONTHS AFTER THE MEMBER'S WITHDRAWAL DATE, PROVIDED THAT THE SERVICE TOOK PLACE BEFORE THEIR WITHDRAWAL DATE.</li> <li>IF NO CLAIMS ARE REFUNDABLE TO THE MEMBER, THE MEDICAL DEBT WILL BE CLAIMED FROM HIS/HER PAYROLL OR PENSION BENEFIT. SHOULD THE DEDUCTIONS NOT BE POSSIBLE IN THIS MANNER, THE MEMBER WILL BECOME LIABLE TO SETTLE THIS DEBT DIRECTLY WITH THE SOCIETY.</li> </ol>		

SIGNATURES					
MEMBER	NAME		WITNESS	NAME	
	DATE			DATE	
	SIGNATURE			SIGNATURE	
HR OFFICER	NAME				
	DATE				
	SIGNATURE				