

De Beers Pension Fund and Benefit Society

M3.1 Termination

To be completed upon resignation, dismissal of an employee

Note:

- M6.2 to be completed and submitted together with this form
- 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/PASSPORT NUMBER			DATE OF BIRTH	
FORWARDING TELEPHONE NO.			CELL NUMBER	
FORWARDING POSTAL ADDRESS			CODE	
ALTERNATE CONTACT DETAILS E.G. FAMILY MEMBER			CODE	
			TELEPHONE NUMBER	
FORWARDING EMAIL ADDRESS				
DATE EMPLOYED			LAST DAY WORKED	
REVENUE OFFICE WHERE TAX LAST PAID			TAX NUMBER	
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 WWW.GOV.ZA				
REASON FOR TERMINATION	RESIGNATION		DISMISSAL	

SECTION B – EMPLOYEE'S INSTRUCTION FOR REFUND (TICK)				
1	DEFER PENSION	<input type="checkbox"/>		
2	REFUND NET CONTRIBUTION	<input type="checkbox"/>		
3	PRESERVE PENSION BY TRANSFER	<input type="checkbox"/>	TO	
4	COMBINATION OF (2) REFUND NET CONTRIBUTION AND (3) PRESERVE PENSION BY TRANSFER	<input type="checkbox"/>	TO	

SECTION C – BANKING DETAILS				
METHOD OF PAYMENT	DEPOSIT		CHEQUE	
IF CHEQUE ABOVE, READ AND SIGN	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.		NAME	
			DATE	
			SIGNATURE	
BANK/BUILDING SOCIETY DETAILS	NAME			
	BRANCH			
	ACCOUNT NUMBER			

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SECTION D – CERTIFICATE BY EMPLOYER OF MEMBER'S OUTSTANDING DEBT			
<p>Note: Medical debt will be recoverable from the Member's payroll or pension benefit. Should deduction not be possible in this manner, the member will be liable to settle the debt directly with the Benefit Society. Should the member be entitled to a refund from the Society, this will be paid to the member 4 months after the date of termination, as the Society is responsible to settle claims up to 4 months after termination provided that the medical service took place before the case of withdrawal. From the date of notification of resignation/dismissal/retrenchment, the Society will only pay their liability to any service provider and the member is liable to settle his portion directly with the service provider.</p>			
<p>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)</p>	<p>YES</p>		<p>NO</p>
<p>AMOUNT TO BE RECOVERED FROM MEMBER'S PENSION MONIES</p>		<p>R</p>	

CHECKLIST	
<p>This form must be accompanied by the following:</p>	
FORM M6.2	
FORM M6.6	
IT 77 – SARS FORM FOR EMPLOYEES NOT REGISTERED WITH SARS	
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 PRESERVE HIS/HER PENSION (OPTION 3 AND 4 IN SECTION 2 ABOVE)	NAME AND ADDRESS OF INSTITUTION OR PENSION FUND
	COPY OF MEMBER'S POLICY APPLICATION
	CONTACT DETAILS OF THE FUND/BROKER (Refer to Rules A8.1.0, A8.2.0, A8.3.0, A8.4.0)
<p>PLEASE NOTE THE FOLLOWING IMPORTANT INFORMATION REGARDING MEDICAL ACCOUNTS AND DEBT TO THE SOCIETY:</p> <ol style="list-style-type: none"> 1. MEDICAL DEBT (EXCESS) WILL BECOME RECOVERABLE FROM THE MEMBER'S PAYROLL OR PENSION BENEFIT. SHOULD DEDUCTION NOT BE POSSIBLE IN THIS MANNER, THE MEMBER WILL BECOME LIABLE TO SETTLE THE DEBT DIRECTLY WITH THE BENEFIT SOCIETY. 2. SHOULD THE MEMBER BE ENTITLED TO A REFUND FROM THE SOCIETY, THIS WILL BE PAID TO HIM/HER FOUR MONTHS AFTER HIS/HER DATE OF RESIGNATION/DISMISSAL/RETRENCHMENT AS THE SOCIETY IS RESPONSIBLE TO SETTLE CLAIMS UP TO FOUR MONTHS AFTER RESIGNATION/DISMISSAL/RETRENCHMENT, PROVIDED THAT THE MEDICAL SERVICE TOOK PLACE BEFORE THE WITHDRAWAL DATE. 3. FROM DATE OF NOTIFICATION OF RESIGNATION/DISMISSAL/RETRENCHMENT, THE SOCIETY WILL ONLY PAY THEIR LIABILITY TO ANY SERVICE PROVIDER AND THE MEMBER IS LIABLE TO SETTLE HIS MEMBER PORTION DIRECTLY WITH THE SERVICE PROVIDER. 	

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