

Note: Form M6.2 must be completed and attached to this form

SECTION A – MEMBER DETAILS			
EMPLOYER DETAILS	OPERATION (MINE)		POLICY NUMBER
SURNAME		FIRST NAMES	
ID NUMBER		DATE OF BIRTH	
DATE ENGAGED		LAST DAY OF SERVICE	
TELEPHONE WORK		TELEPHONE HOME	
E-MAIL		CELL PHONE NUMBER	
POSTAL ADDRESS			
TAX REFERENCE NUMBER		REVENUE OFFICE WHERE TAX LAST PAID	

SECTION B – MEMBER'S CONTRIBUTION DETAILS		
1. ACTUAL MEMBER'S CONTRIBUTIONS PAID TO THE PENSION FUND FOR THE PAST 3 MONTHS		
MONTH		AMOUNT
2. ACTUAL MEMBER'S CONTRIBUTIONS TO BE PAID TO THE PENSION FUND FOR THE PERIOD UP UNTIL THE LAST PENSIONABLE SERVICE DAY		
FROM	TO	AMOUNT
3. ACTUAL MEMBER'S CONTRIBUTIONS TO BE PAID TO THE PENSION FUND FOR FINAL HLA DUE TO THE MEMBER		
AMOUNT		

IMPORTANT: THE AMOUNTS IN 1 AND 2 ABOVE WILL BE CREDITED BY THE PENSION FUND TO THE MEMBER'S CONTRIBUTIONS AND THESE AMOUNTS MUST BE DEDUCTED BY THE EMPLOYER FROM THE MEMBER AND PAID TO THE PENSION FUND. THE PENSION FUND WILL HOLD THE EMPLOYER RESPONSIBLE FOR ANY CHANGES MADE TO THESE PAYMENTS

SECTION C – PAYMENT INSTRUCTIONS			
	a. DEFER THE PENSION		
	b. REFUND MY NET CONTRIBUTIONS		
	c. PRESERVE THE PENSION BY TRANSFER TO: (M6.2 MUST ALSO BE SUBMITTED.)		
	d. COMBINATION OF (b) REFUND AND (c) PRESERVATION		
IF OPTION c OR d THE FOLLOWING SHOULD BE ATTACHED TO THIS FORM:			
<ul style="list-style-type: none"> ➢ Name and address of institution or Pension Fund ➢ A copy of the member's policy application ➢ Contact details of the Fund 			
NB. REFER TO RULES A8.1.0, A8.2.0 AND A8.4.0			
METHOD OF LUMP SUM 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 which 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		

SECTION D – CERTIFICATE BY EMPLOYER			
DOES THE EMPLOYEE HAVE A LOAN/BOND, ETC FOR WHICH THE COMPANY HAS PROVIDED SECURITY/GUARANTEEE?	YES		NO
IF YES, WITH WHICH BANK/BUILDING SOCIETY/INSTITUTION WAS THE LOAN/BOND NEGOTIATED? ATTACH A COPY OF THE SIGNED AGREEMENT. INDICATE PAYEE DETAILS			
IN CIRCUMSTANCES WHERE THE AMOUNT DUE TO THE MEMBER FROM THE EMPLOYER IS INSUFFICIENT TO MEET THE ABOVE LIABILITY, STATE THE REMAINING AMOUNT WHICH MUST BE RECEIVED FROM THE EMPLOYEE'S ACCUMULATED PENSION MONIES TO SATISFY THE COMPANY'S OUTSTANDING/REMAINING SECURITY/GUARANTEEE LIABILITY.	R		

De Beers Pension Fund

M3.2: Termination of Employment – Retrenchment Withdrawal

To be completed when an employee is retrenched

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NOTE:

- 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
- Should the member be entitled to a refund from the Society, this will be paid to the member four months after date of retrenchment as the Society is responsible to settle claims up to four months after retrenchment, provided the medical service took place before the withdrawal date
- From date of notification of 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.

AUTHORISATION

HR Officer	NAME	
	DATE	
	SIGNATURE	