

**De Beers Benefit Society**  
**M7.5: Benefit Society Option Form**

To be completed by widow/widower of the deceased member

SECTION A – DECEASED’S PERSONAL DETAILS			
SURNAME			
FIRST NAMES			
ID NUMBER		DATE OF BIRTH	
POLICY NUMBER		OPERATION	
SECTION B – WIDOW/WIDOWER’S PERSONAL DETAILS			
SURNAME			
FIRST NAMES			
ID NUMBER		DATE OF BIRTH	
RESIDENTIAL ADDRESS		POSTAL CODE	
POSTAL ADDRESS		POSTAL CODE	
TELEPHONE NUMBER		CELLPHONE NUMBER	
SECTION C – MEMBERSHIP OF THE BENEFIT SOCIETY			
PENSION FROM DE BEERS PENSION FUND			
<p><b>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.</b></p> <p><b>You are therefore invited to exercise your rights by stating “YES” to either option 1 OR option 2:</b></p>			
<p><b>Deceased defined benefit (DB) members and deceased defined contribution (DC) members with start date before 1 August 2006</b></p>			
<p><b>These members <u>are eligible</u> to receive a post retirement medical benefit.</b></p>			
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"/>
<p><b>Deceased defined contribution (DC) members with start date on or after 1 August 2006</b></p>			
<p><b>These members <u>are not eligible</u> to receive a post retirement medical benefit.</b></p>			
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>			
WIDOW/WIDOWER	DATE		
	SIGNATURE		
WITNESS	NAME		
	SIGNATURE		
SALARY DETAILS TO BE COMPLETED BY EMPLOYER			
INCOME CATEGORY AT RETIREMENT			
HR OFFICER	NAME		
	DATE		
	SIGNATURE		

To be completed by widow/widower of the deceased member

PURCHASE OF ANNUITY FROM OUTSIDE INSURER			
<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 of the Society as <b>cash payers</b>.</p>			
<p><u>Contributions</u></p> <ul style="list-style-type: none"> <li>• These are payable monthly, in advance by no later than the 3<sup>rd</sup> day of every month</li> <li>• The Society's banking details are as follows: <ul style="list-style-type: none"> <li>Bank name: STANDARD BANK</li> <li>Branch code: 050002</li> <li>Acc number: 040048225</li> </ul> </li> <li>• Should contributions be in arrears for more than 15 days, membership of the Society will be suspended</li> <li>• Should the subscription not be brought up to date within 60 days of falling due, membership could be terminated</li> </ul>			
<p><u>Medical accounts</u></p> <ul style="list-style-type: none"> <li>• The Society will only settle its liabilities with the service providers</li> <li>• Member will be responsible for settling any co-payments and levies directly with the service providers</li> </ul> <p style="text-align: center;">You are therefore invited to exercise your rights by stating "YES" to either option 1 OR option 2:</p>			
Deceased defined benefit (DB) members and deceased defined contribution (DC) members with start date before 1 August 2006			
These members <b>are eligible</b> to receive a post retirement medical benefit.			
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"/>
Deceased defined contribution (DC) members with start date on or after 1 August 2006			
These members <b>are not eligible</b> to receive a post retirement medical benefit.			
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			
WIDOW/WIDOWER	DATE		
	SIGNATURE		
WITNESS	NAME		
	SIGNATURE		
SALARY DETAILS TO BE COMPLETED BY EMPLOYER			
INCOME CATEGORY AT RETIREMENT			
HR OFFICER	NAME		
	DATE		
	SIGNATURE		