

De Beers Pension Fund, Retirement Fund and Benefit Society

Version 1.2

M2.5: Cancellation of Registration of Dependants

To be completed by employee wishing to cancel dependant's membership of Benefit Society

Note: Pension/Retirement Fund members to complete and attach Beneficiary nomination form (M9.1) and Sworn declaration (M11.1) if required

Please indicate membership:

DE BEERS PENSION FUND – DB	<input type="checkbox"/>	DE BEERS RETIREMENT FUND	<input type="checkbox"/>
DE BEERS PENSION FUND – DC	<input type="checkbox"/>	DE BEERS BENEFIT SOCIETY	<input type="checkbox"/>

SECTION A – MEMBER'S DETAILS			
SURNAME			
FIRST NAMES			
ID NUMBER		OPERATION	
POLICY NUMBER			
SECTION B – DETAILS OF DEPENDANTS TO BE CANCELLED			
CANCELLATION 1			
SURNAME			
FIRST NAMES			
RELATIONSHIP TO MEMBER			
ID NUMBER		DATE OF BIRTH	
LAST DATE FOR WHICH COVER IS REQUIRED			
REASONS FOR CANCELLATION			
CANCELLATION 2			
SURNAME			
FIRST NAMES			
RELATIONSHIP TO MEMBER			
ID NUMBER		DATE OF BIRTH	
LAST DATE FOR WHICH COVER IS REQUIRED			
REASONS FOR CANCELLATION			
CANCELLATION 3			
SURNAME			
FIRST NAMES			
RELATIONSHIP TO MEMBER			
ID NUMBER		DATE OF BIRTH	
LAST DATE FOR WHICH COVER IS REQUIRED			
REASONS FOR CANCELLATION			

PLEASE NOTE:

- IN THE CASE OF A DIVORCE AND WHERE THE FINAL DIVORCE ORDER CONTAINS ANY AGREEMENT/ORDER AFFECTING A MEMBER'S PENSION ENTITLEMENT, A FULL COPY OF SUCH AGREEMENT/ORDER MUST BE ATTACHED TO THIS FORM.
- CANCELLATION IS EFFECTIVE FROM THE DATE OF DIVORCE OR OTHERWISE THE END OF THE MONTH OF NOTIFICATION .

EMPLOYEE SIGNATURE		
I	Print name here	DECLARE THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.
	DATE	
	SIGNATURE	