

De Beers Pension Fund – Defined Benefit Section**DB10 Additional Voluntary Contributions (AVC's)**

To be completed if a member wishes to make or change additional voluntary contributions

A copy is to be retained by the operation as their authority to make the deduction

SECTION A – MEMBER'S DETAILS			
SURNAME			
FIRST NAMES			
ID NUMBER		OPERATION	
POLICY NUMBER			
PASSPORT NUMBER (for Non-RSA residents)		PASSPORT COUNTRY OF ISSUE	
TELEPHONE NUMBER (WORK)		CELL NUMBER	
TELEPHONE NUMBER (HOME)		FAX NUMBER	
FORWARDING POSTAL ADDRESS (mandatory)		POSTAL CODE	
FORWARDING PHYSICAL ADDRESS (mandatory)		POSTAL CODE	
FORWARDING EMAIL ADDRESS**			
**WHERE E-MAIL ADDRESSES ARE SUPPLIED, ALL FUND COMMUNICATION WILL BE E-MAILED TO THE E-MAIL ADDRESSES SUPPLIED (EG: TAX CERTIFICATES, BENEFIT STATEMENTS)			

SECTION B – MAKE AVC BY		
(i)	Contributing a lump sum, for the amount of _____	R _____
(ii)	Contributing on a monthly basis with effect from _____ 20__	R _____
In this respect, I hereby authorize the aforementioned operation to deduct this from my monthly salary/wage and to remit this to the De Beers Pension Fund		

SECTION C – MAKE CHANGES TO MY EXISTING AVC			
I wish to alter my monthly AVC's as follows: (please tick appropriate block)			
Increase	<input type="checkbox"/>	Decrease	<input type="checkbox"/>
		Discontinue	<input type="checkbox"/>
With effect from _____ 20__			
If decrease or increase, please complete:		Old rate: R _____	New rate: R _____

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

Note: This form must be submitted to your payrolls department and not to the Fund. The Fund may only accept AVC's via your Employer's payroll department.

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