



Who must complete this form?

Member and HR



What should accompany this form?

- Capitec bank statement (if you bank with them)
- Any pending divorce or maintenance orders



By when should this form be returned?

When a member wishes to take a withdrawal from their savings pot. *See note below regarding timing.*
Kindly return the completed form to pensionpost@dbpf.co.za.

Members may make **one** withdrawal (taxable at their marginal tax rate) from their savings pot in a tax year (between 1 March and 28/29 February each year). The minimum withdrawal amount allowed is R2 000 and the maximum amount is what is currently available in your savings pot. If a member has less than R2 000 in their savings pot, they may not make a withdrawal until the balance in the savings pot is at least R2 000.

The Fund will obtain a tax directive from SARS and deduct the relevant tax from any amount you withdraw before it is paid to you. Note that you will be taxed at your marginal tax rate. Should your tax affairs with SARS not be in order, SARS may not be able to issue a tax directive (in which case, the Fund will not be able to make payment to you) or SARS may issue an IT88 to recover any outstanding taxes owed to them. SARS will first deduct any amounts owing to them before issuing a tax directive on the balance (if any) of your withdrawal amount.

PLEASE NOTE that payment will be made once the tax directive has been received from SARS. This may take 6-8 weeks from the date on which this form is received.

SECTION A: MEMBER'S DETAILS

Title (Mr, Ms, etc.)		Initials	
Surname			
First names			
Identity number		Date of birth	
Passport number (<i>non-RSA residents</i>)		Country of issue	
Operation name		Member number	
Contact details	Tel (home)	Cell	
	Email*		
	<i>*If supplied, all Fund communication will be sent to this email address.</i>		
Postal address			Code
Physical address			Code
Revenue office where tax last paid			
Annual remuneration for the previous tax year (February)		Tax number (<i>compulsory</i>)	

Note: You will incur a penalty from SARS if you understate your annual remuneration in order to pay less tax.

SECTION B: SERVICE OUTSIDE OF SOUTH AFRICA

Do you have any group service outside the Republic of South Africa up to the date of this form? YES NO

If yes, the Fund will request a breakdown of your foreign service from your Employer. This may cause additional delays.

SECTION C: MAINTENANCE OR DIVORCE ORDERS

Is there a divorce/maintenance order or a pending divorce/maintenance order which the Fund has not yet been notified of, i.e. where the Fund is ordered to deduct an amount from your Fund Credit?

YES

NO

If yes, please provide the Fund with details and a copy of the relevant order/s. This may cause additional delays or may result in the Fund not being able to process your request.

SECTION D: MEMBER INSTRUCTION AND BANKING DETAILS

The member hereby instructs and authorises the Fund to pay a withdrawal amount from his/her savings pot by transferring such amount to the member's bank account as indicated below.

Please select **ONE** of the following options only:

Withdraw the minimum of R2 000.00

Withdraw the full value of the savings pot at date of disinvestment.

Withdraw an amount of R (Note that where this option has been selected, if the value of your savings pot is less than the amount specified, the Fund will pay the full amount in your savings pot to you.)

Withdraw % of the value of the savings pot at date of disinvestment

PLEASE NOTE: Payment can only be made into a bank account, which is in your name. If you do not have a bank account where you are the main account holder, a new bank account must be opened to enable the Fund to make the necessary payment.

Name of main bank account holder

Bank name (if Capitec, please attach a bank statement confirming the main account holder)

Is this a shared account? YES NO

Branch name Account number

Branch code Account type Cheque/Current Savings Transmission

PLEASE NOTE:

- Bank accounts must either be a transmission, cheque or savings account. Credit card details will not be accepted.
- No payments will be made into third party bank accounts.
- The member warrants that the account information given above, correctly reflects his/her account details to which payment in terms of this instruction must be made.
- The member acknowledges that a proper transfer of funds to this account by the Fund will discharge the Fund's obligation to make payment to the member as effectually as would have been the case had the Fund made the payment to the member directly. The member acknowledges further that the Fund will assume no liability for any errors in the account information, or any other information contained herein, as provided by the member.
- The member confirms that he/she was provided with access to benefits counselling from the Fund, either in written or verbal format (or both), before making his/her election as set out in this document.
- The member has consulted a Certified Financial Planner and/or tax adviser (if required) to make his/her decision.

Bank account holder's signature

Date

SIGNATURES

Member:	Name		Signature	
	Date			
HR officer:	Name		Signature	
	Date			

The information disclosed in this form will be treated as confidential and will only be used for the purposes for which it is intended in terms of applicable legislation. The De Beers Pension Fund (the Fund) has accordingly developed a Privacy Policy, which covers how the Fund collects, uses, discloses, transfers and stores members' personal information. Please visit the Fund's website to view the Privacy Policy should you require additional information.