



Who must complete this form?

The member must complete this form.



What should accompany this form?

- If relevant/applicable, certified copies of marriage certificates, IDs or birth/baptism certificates of nominated beneficiaries



By when should this form be returned?

- **NEW EMPLOYEES** - HR must submit an original, signed copy of this form, together with forms DC1 and DC2 plus all accompanying documents, to the Fund within 7 days of the employee starting work.
- **EXISTING MEMBERS** - Whenever a member's circumstances change, for example a marriage, divorce, birth of a child, etc., this form should be completed and submitted to the Fund, together with a new form DC2.

SECTION A: MEMBER'S DETAILS

Surname			
First names			
RSA ID number		Operation	
Passport number (if a foreign national)			
If Passport, country of issue		Policy number	
Contact details	Home	Work	
	Fax	Cell	
	Email*		
	*If supplied, all Fund communication will be sent to this email address.		
Postal address			Code
Physical address			Code

SECTION B: DETAILS OF THE EXECUTOR OF MEMBER'S ESTATE (IF AVAILABLE)

Name	
Address	
Telephone number	

SECTION C: EMERGENCY CONTACT – (Relative or friend who can be contacted in the event of member's death)

Name			
Address			
Telephone number		Relationship	

SECTION D: SPOUSE/LIFE PARTNER AND MARRIAGE PARTICULARS

If you have more than one spouse, please provide details of ALL spouses.

A certified copy of the marriage certificates(s) and identity document(s) must be attached to this form if not previously provided to the Fund.

SPOUSE OR LIFE PARTNER 1

Surname											
First names											
Maiden surname											
Previous surname (if previously divorced)											
Identity number		Date of birth									
Cellphone number		Telephone number									
Type of marriage	<table><tr><td>Civil ceremony</td><td>(Certified marriage certificate to be attached)</td></tr><tr><td>Religious ceremony</td><td>(Certified marriage certificate to be attached)</td></tr><tr><td>Common law or life partner</td><td>(Life partnerships must meet certain criteria. A life partner affidavit must be completed in this regard.)</td></tr><tr><td>African law and custom*</td><td></td></tr></table>			Civil ceremony	(Certified marriage certificate to be attached)	Religious ceremony	(Certified marriage certificate to be attached)	Common law or life partner	(Life partnerships must meet certain criteria. A life partner affidavit must be completed in this regard.)	African law and custom*	
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Religious ceremony	(Certified marriage certificate to be attached)										
Common law or life partner	(Life partnerships must meet certain criteria. A life partner affidavit must be completed in this regard.)										
African law and custom*											

SPOUSE OR LIFE PARTNER 2

Surname											
First names											
Maiden surname											
Previous surname (if previously divorced)											
Identity number		Date of birth									
Cellphone number		Telephone number									
Type of marriage	<table><tr><td>Civil ceremony</td><td>(Certified marriage certificate to be attached)</td></tr><tr><td>Religious ceremony</td><td>(Certified marriage certificate to be attached)</td></tr><tr><td>Common law or life partner</td><td>(Life partnerships must meet certain criteria. A life partner affidavit must be completed in this regard.)</td></tr><tr><td>African law and custom*</td><td></td></tr></table>			Civil ceremony	(Certified marriage certificate to be attached)	Religious ceremony	(Certified marriage certificate to be attached)	Common law or life partner	(Life partnerships must meet certain criteria. A life partner affidavit must be completed in this regard.)	African law and custom*	
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African law and custom*											

* African law and custom:

- A. For customary marriages that took place on or **after** 15 November 2000, the Fund requires a customary marriage certificate issued by the Department of Home Affairs.
- B. For customary marriages that took place **before** 15 November 2000, please forward a copy of your Tribal Union marriage certificate to the Fund. Please note the following requirements:
- The letter must be signed and stamped by your Tribal Chief
 - The letter must state the names of both you and your spouse
 - The letter must confirm your date of marriage
 - The letter must confirm the witnesses to your marriage
 - The letter must confirm the lobola paid

SECTION E: NAMES AND DATES OF BIRTH OF ALL MY OWN CHILDREN (including those born outside of marriage, children legally adopted or dependent stepchildren)

Certified copies of birth certificates or baptism certificates must be attached to this form if not already provided to the Fund.

	Surname	First names	Mother or Father's name and surname (whichever is applicable)	Date of birth	Gender	Contact number	Child is: (tick one)		
							my own child	legally adopted	my step child
1									
2									
3									
4									
5									
6									
7									

MEMBER'S SIGNATURE

I, _____ (full names) DECLARE THAT THE PARTICULARS ABOVE ARE TRUE AND CORRECT.

Date

Signature