



Who must complete this form?

- Fund members who wish to register a life partner on the De Beers Pension Fund (the Fund) must complete Section A of this form.
- The life partner must complete Section B of this form.
- This form must be signed in the presence of a commissioner of oaths, who should also sign and stamp the form.



What should accompany this form?

- A completed Nomination of Beneficiaries form (DC2)
- A completed Member's Declaration (DC3)
- Depending on your circumstances, as many as possible of the documents suggested on page 2, to support your application

PLEASE NOTE THAT ONLY ORIGINAL FORMS WILL BE ACCEPTED BY THE FUND.

MEMBER'S CONTACT DETAILS

Email address

Cellphone no.

SECTION A: DECLARATION BY MEMBER

I, the undersigned (full names),
identity number , do hereby state under oath/solemnly declare that:

- ☒ I am a member of the Fund.
- ☒ My De Beers Pension Fund number is .
- ☒ I have been co-habiting (living in one household), as if married, with the person whose particulars are stated below and intend to continue doing so on a permanent basis.

My life partner's particulars are as follows:

Full names:

Identity number: Date of birth:

Contact phone number:

- ☒ We have been in a relationship and have been cohabiting at the address indicated below since (day, month and year).
- ☒ I regard the person with whom I am co-habiting as my spouse/life partner and hereby wish to register him/her as a potential "WIDOW/WIDOWER", as defined in the Rules of the Fund.
- ☒ My spouse/life partner and I are mutually dependent on each other and we have run a shared and common household at:

(physical address)

- ☒ I give consent to the Fund to use this information, with the understanding that it will be treated as confidential and will only be used for the purposes for which it is intended in terms of applicable legislation.

IN SUPPORT OF MY APPLICATION TO REGISTER MY SPOUSE/LIFE PARTNER, I ATTACH THE FOLLOWING:

Tick applicable box

An affidavit from a close family member/friend confirming our relationship as life partners and the fact that we are co-habiting as spouses. See note 1 on page 4.

Affidavit from a religious leader, doctor, lawyer, or respected community leader confirming our relationship as spouses/ life partners and the fact that we are co-habiting. See note 2 on page 4.

A copy of my current last testament and will in which my spouse/life partner has been acknowledged.

Other evidence that supports the existence of our relationship:

Confirmation of children born out of the relationship (please attach certified copies of full birth certificates).

Valid insurance policies where the spouse/life partner has been acknowledged (please attach certified copies of policies).

Medical aid registration:

- Registration of the spouse/life partner on my medical aid as a spouse/dependant (please attach a certified copy of the membership certificate)
- Proof of my registration on my spouse/life partner's medical scheme (please attach a certified copy of the membership certificate).

Joint property ownership (please attach a certified copy of the title deed)

Joint banking accounts (please attach certified copies of relevant documentation).

Joint household accounts (please attach certified copies of relevant documentation).

Other affidavits confirming our relationship as life partners and the fact that we are co-habiting as spouses. See note 1 on page 4.

Please note that in the case of a pensioner applying to register their spouse/life partner as a potential "WIDOW/WIDOWER", as defined in the Rules of the Fund, the documents submitted to the Fund must show that the relationship started at least 12 months before the pensioner's retirement date.

- ☒ I realise that registration of my spouse/life partner is subject to the information in this affidavit being accurate and remaining so.
- ☒ I understand that I will be notified by the Fund whether my application has been accepted and my spouse/life partner has been registered as a potential "WIDOW/WIDOWER" with the Fund.
- ☒ I also accept that the completion of this affidavit does not automatically entitle my spouse/life partner to a pension benefit in terms of the rules of the Fund and that such entitlement is at the sole discretion of the Trustees of the Fund, who will take account of all relevant factors in reaching a decision in this regard and that no single factor will be deciding in itself.
- ☒ I further undertake to provide the Fund with written notification if the above relationship comes to an end and we no longer co-habit. Such notification shall be in the form of an affidavit and shall be sent to the Fund within 30 days after the relationship ends. *See note 3 on page 4.*
- ☒ I accept that this application is not applicable for the registration of my spouse/life partner as a dependant on the De Beers Benefit Society (and that a separate affidavit is required for that purpose).

Signature of
Deponent (Member)

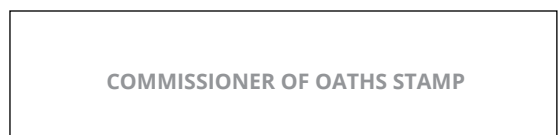


Sworn and signed before me at _____ on this _____ day of _____ 20____
by the deponent, who declares that he/she read and understood this declaration and regards it as binding on his/her conscience.

Commissioner of Oaths



COMMISSIONER OF OATHS STAMP



SECTION B: DECLARATION BY LIFE PARTNER

I, the undersigned (full names),
identity number , do hereby state under oath/solemnly declare that:

- ☒ I have carefully studied the Application for Registration of Life Partner that has been signed and sworn to/affirmed by
(full names of my life partner),
identity number on (date)
- ☒ I confirm that the contents of the application are accurate, and that I regard him/her as my spouse/life partner.
- ☒ I give consent to the Fund to use this information, with the understanding that it will be treated as confidential and will only be used for the purposes for which it is intended in terms of applicable legislation.

Signature of
Deponent (Life Partner)

Sworn and signed before me at _____ on this _____ day of _____ 20_____
by the deponent, who declares that he/she read and understood this declaration and regards it as binding on his/her conscience.

Commissioner of Oaths

COMMISSIONER OF OATHS STAMP

FOR OFFICE USE:

Tick applicable outcome:

Registration approved on condition that the material information in the affidavit is accurate and remains so.

Not approved, for the following reason:

Signed on _____ (date) on behalf of the Fund, being duly authorised thereto:

Initials and surname of signatory

Signature

NOTES

Note 1

An affidavit from a close family member/friend confirming your relationship as life partners and the fact that you are co-habiting as spouses must also state:

- the person's relationship to you;
- how long the person has known you as a couple;
- that the person making the statement does not stand to gain in any way from making the statement; and
- the person's contact details.

Note 2

An affidavit from a religious leader, doctor, lawyer, or respected community leader confirming your relationship as spouses/life partners and the fact that you are co-habiting must also state:

- how long the person has known you as a couple;
- that there is no conflict of interest for the person making such a statement;
- that the person making the statement does not stand to gain in any way from making the statement; and
- the person's contact details.

Note 3

In terms of having to provide the Fund with an affidavit if the relationship ends, please note if a member dies before giving such notification, the Board of Trustees of the Fund is entitled to assume that the relationship has continued, unless the Fund is provided with evidence contrary to this assumption. By the same token the Fund reserves the right to re-investigate any particular case and, if deemed appropriate, to withdraw the registration of a beneficiary, as provided for in terms of the rules of the Fund.

PROTECTING YOUR PRIVACY

The Fund has developed a Privacy Policy which covers how the Fund collects, uses, discloses, transfers, and stores members' personal information. In line with this policy, the information disclosed in this document will be treated as confidential and will only be used for the purposes for which it is intended in terms of applicable legislation. You can visit the Fund's website to view the Privacy Policy.