



When must this form be completed?

This form should be completed whenever a member resigns, is retrenched, or is dismissed.



Who must complete this form?

- HR should complete section A below, initial each page as indicated, and complete the relevant signature section at the end of this form.
- The member should complete sections B to E (including signatures where relevant), initial each page as indicated, and complete the relevant signature section at the end of this form.



What should accompany this form?

- A certified copy of the member's ID.
- Additional documentation as specified in the form, depending on the member's circumstances and selections.
- In the case of members aged 50+ who resign and choose to take their full Fund Credit as a refund, a completed *Member Declaration – Over 50 (DC8)* form.

SECTION A: (HR TO COMPLETE)

This information is for a:

Resignation

Retrenchment

If the member belonged to the Defined Benefit (DB) section of the DBPF on 31 July 2006 AND is now aged 50+, please provide the cost centre for the remittance of the retrenchment enhancement (if applicable):

Dismissal

Member's name and surname

Pension number

Last day worked

Operation

Date employed

Date joined DBPF

Was the member a member of NUM?

YES

NO

Did the member have any group service outside the Republic of South Africa?

YES

NO

If yes, please attach an official letter from the employer confirming the foreign service.

- *Please make sure the member is made aware that the DBPF is compelled in such cases to apply for tax directives from both the South African Revenue Service and, where relevant, the revenue service of the country/countries outside South Africa in which the member had service.*
- *If the member is transferring any portion of his/her benefit out of the Fund, please take note of the requirements under option 1B, 2B and 2C.*

Did the member have a housing loan/bond for which the employer provided security /guarantee?

YES

NO

If yes, please attach a copy of the signed agreement.

Amount to be recovered from member's Fund Credit:

Payment to be issued in favour of:

SECTION B: MEMBER'S DETAILS (MEMBER TO COMPLETE)

Title (Mr, Ms, etc.)		Surname	
Initials		First names	
Identity number		Date of birth	
Passport number (for non-RSA residents)		Country of issue	
Pension number			
Contact details	Home	Work	
	Cell		
Forwarding postal address (mandatory)			
		Code	
Forwarding physical address (mandatory)			
		Code	
Forwarding email address			
<i>* All DBPF communication (tax certificates, benefit statements for deferred members, etc.) will be emailed to such address). Ideally, this should be your personal email address and not the email address that applied during your employment.</i>			
Alternate contact details, e.g. family member		Telephone number	
Has a divorce or maintenance court order been issued or is in the process of being issued?	YES	NO	
<i>If "yes", please provide a copy of the relevant order and please note that this may delay the payment of your Fund benefits.</i>			
SARS Income tax number		Revenue office where tax last paid	
Annual remuneration for the previous tax year (end February)			
<i>If you had any service in Namibia, please also provide the following:</i>			
NAMRA Tax Identification number		Revenue office where tax last paid	
Annual remuneration for the previous tax year (end February)			

SECTION C: WITHDRAWAL INSTRUCTIONS (MEMBER TO COMPLETE)

This section is where you indicate to the DBPF what you want done with your Fund Credit (Option 1 or Option 2). There are various options around how you can take your withdrawal benefit, depending on your circumstances, and with some additional choices to be made for certain options. **You are urged to consult a Certified Financial Planner before making your choice.**

NOTE: If you do not indicate a choice, or do not provide all relevant information and documents as required, you will automatically become a deferred pensioner in the DBPF. This default deferral option does not mean that you are locked in if you do not make a choice now, it just means that your benefit will be treated as a deferred benefit rather than an unpaid or unclaimed benefit. You will still have the option to withdraw (before age 60) or retire from the DBPF (as applicable) at any date into the future.

You can elect to preserve your full benefit on withdrawal either in the Fund (as a deferred pension benefit) or by transferring your benefit to an approved pension fund, retirement annuity fund, provident preservation fund or pension preservation fund. Alternatively, you may take part of your benefit in cash (subject to tax) and preserve the balance.

OPTION 1: FULL PRESERVATION

If you would like to preserve your full benefit, please complete this option only. Please select either (a) or (b) below and provide the information / documentation requested.

1A: Preserve your benefit by leaving it in the DBPF and become a deferred pensioner

Complete section D below

1B: Transfer your benefit to an approved pension fund, retirement annuity fund, provident preservation fund or pension preservation fund

Complete section E below and please attach:

- a signed copy of your application form to join such a fund, and
- proof of the banking details (as confirmed by the bank) of the fund to which you want to transfer.

*If any part of your service with De Beers Group was performed in Namibia, please see note below.**

OPTION 2: PART CASH (LUMP SUM) AND PART PRESERVATION

2A: Receive the maximum amount of your Fund Credit in cash and retain the balance of the Fund Credit in the Fund.

Complete section D below

2B: Receive the maximum amount of your Fund Credit in cash and transfer the balance of the Fund Credit to another approved fund.

Complete section E below and please attach:

- a signed copy of your application form to join such a fund, and
- proof of the banking details (as confirmed by the bank) of the fund to which you want to transfer.

*If any part of your service with De Beers Group was performed in Namibia, please see note below.**

Please note with regards to 2A and 2B above:

The maximum amount that can be taken in cash is equal to your vested component plus your savings component (provided that a previous savings component withdrawal has not been made in the same tax year, unless the balance in the savings component is less than R2 000).

2C: Receive part of your Fund Credit in cash and transfer the balance to another approved fund.

Complete section E below and please attach:

- a signed copy of your application form to join such a fund, and
- proof of the banking details (as confirmed by the bank) of the fund to which you want to transfer.

*If any part of your service with De Beers Group was performed in Namibia, please see note below.**

Amount to be taken in cash from each pot (complete only one option, either Rand amount or percentage, per pot):

Fund Credit	Rand amount ¹	Percentage of benefit ²
Savings pot ³		
Vested lump sum pot		
Vested annuity pot		

Notes:

1 - Where a Rand amount has been specified, if the value of your benefit in the applicable pot is less than the amount specified, the Fund will pay the full amount in the applicable pot to you.

2 - This percentage should be between 0% and 100% depending on how much of each pot you want to take in cash.

3 - A cash payment is only allowed if you have not made a withdrawal from your savings pot in the tax year in which your last working day falls or if the value of your savings pot is less than R2 000.00. If you are not entitled to take a part of your savings pot in cash, the benefit in that pot will be transferred

** If any part of your service with De Beers Group was performed in Namibia, the following will apply:*

- The Fund will require that the portion of the transfer benefit that is attributable to Namibian service be transferred to a Namibian Fund/Insurer. Signed copies of that application form or membership certificate plus the Fund/Insurer's (Namibia Financial Institutions Supervisory Authority (NAMFISA)) registration number and TIN number must be provided to the Fund with the withdrawal/retirement paperwork.
- The Fund will require that the portion of the transfer benefit that is attributable to RSA and Other service be transferred to an approved South African Fund/Insurer. Signed copies of the application form or membership certificate plus the Fund/Insurer's Financial Sector Conduct Authority (FSCA) registration number must be provided to the Fund with the withdrawal/retirement paperwork.

SECTION D

Where you have selected to preserve all or part of your benefit by leaving it in the DBPF and to become a deferred pensioner, please indicate how you would like your pots invested by choosing between A and B below (note that the option selected applies to all pots).

A: DEFAULT LIFE-STAGE PORTFOLIO

By selecting this option, your Fund Credit will be invested in the appropriate default life-stage portfolio per the life-stage investment model, in accordance with your age.

B: OTHER LIFE-STAGE PORTFOLIO

By selecting to move out of the default life-stage portfolio, you will no longer form part of the automated process in terms of which your Fund Credit is automatically invested in the default life stage portfolio for your age as appropriate. You will therefore remain in the portfolio selected by you at this point until you elect otherwise by completing and submitting a portfolio switch form to the DBPF.

Please indicate the portfolio in which you want your Fund Credit invested:

- Portfolio A (High Equity)
- Portfolio B (Medium/High Equity)
- Portfolio C (Medium Equity)
- Portfolio D (Medium/Low Equity)
- Portfolio E (Low Equity)
- Cash Only portfolio

- If you do not make an investment election, your Fund Credit will remain invested as it was when you were an active member. This means that if you were invested in the default life-stage portfolio for your age, you will remain in the default life-stage model and move automatically to more conservative portfolios as you age; and
- If you had made an investment choice to invest in one of the portfolios outside of the life-stage model, you will remain invested in that portfolio until you instruct the DBPF otherwise.

SECTION E: DECLARATION

To be completed when a member transfers any part of his/her pension to an approved pension fund, retirement annuity fund, pension preservation fund or provident preservation fund.

RSA INSURER I hereby declare:

- That I have elected entirely on my own initiative and at my sole risk to terminate my membership of the DBPF effective from the last working day indicated in Section A of this form.
- That the name of the approved fund to which my DBPF Fund Credit must be transferred is as follows:
- That the amount to which I am entitled as a preservation/transfer benefit under the existing rules of the DBPF will be transferred to the fund indicated above in full and shall be a final settlement of all and any claims of any kind that I may have against the DBPF, arising from my membership of the DBPF.
- That my choice of the fund indicated above has been made entirely independently of the DBPF.
- That I authorise the DBPF to liaise with (name of certified financial planner/broker) regarding the transfer of my DBPF benefits, using the following contact details:

Tel:

Email:

NAMIBIAN INSURER I hereby declare:

- That I have elected entirely on my own initiative and at my sole risk to terminate my membership of the DBPF effective from the last working day indicated in Section A of this form.
- That the name of the approved fund to which my DBPF Fund Credit must be transferred is as follows:
- That the amount to which I am entitled as a preservation/transfer benefit under the existing rules of the DBPF will be transferred to the fund indicated above in full and shall be a final settlement of all and any claims of any kind that I may have against the DBPF, arising from my membership of the DBPF.
- That my choice of the fund indicated above has been made entirely independently of the DBPF.
- That I authorise the DBPF to liaise with (name of certified financial planner/broker) regarding the transfer of my DBPF benefits, using the following contact details:

Tel:

Email:

SECTION F: BANKING DETAILS (MEMBER TO COMPLETE WHERE OPTIONS 2A, 2B OR 2C ARE SELECTED)

I hereby instruct and authorise the DBPF to pay any amounts that may be due to me into my bank account as indicated below.

Name of main bank account holder

Is this a shared account? YES NO

Please note: The DBPF can only pay your benefit into a transmission, cheque or savings account that is in your name. If you do not have an account of which you are the main account holder, you will need to open a new bank account for the DBPF to make the payment (credit card details are not accepted).

Bank name (If Capitec, please attach proof of banking details, such as a bank statement)

Branch name Branch code

Account number Account type Cheque/Current Savings Transmission

I hereby declare that the account information given above, correctly reflects my account details, and that a proper transfer of funds (where applicable) to this account by the DBPF will discharge the DBPF's obligation to make payment to me as effectually as would have been the case had the DBPF made the payment to me directly. I further acknowledge that the DBPF will assume no liability for any errors in the account information as given by me.

Bank account holder's signature

Date

SECTION G: DECLARATION (MEMBER TO COMPLETE)

I hereby acknowledge and confirm that:

- I have received approximate calculations from the DBPF outlining the withdrawal options available to me. I further understand that the values are subject to change as the value of the investments may fluctuate between the date of the approximate calculations and the final withdrawal date.
- I confirm that I was provided with access to benefits counselling from the DBPF, either in written or verbal format (or both), before making my election as set out in this document.
- I have consulted a Certified Financial Planner and/or tax adviser (if required) to make my decision.
- I will not have the option to change the withdrawal option elected, as indicated on this form, once submitted to the DBPF.
- In making the elections indicated in this form, I have not obtained any financial advice from the DBPF, or from any of its officers or employees, or from anyone acting or purporting to act as an agent of the DBPF. I confirm that I have made my own election and have obtained independent financial advice where this was required and appropriate.
- I have read through and understand the contents of this form and agree with the information provided on this form by me and my employer.
- I understand that 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; and that the DBPF has a Privacy Policy (available on its website) that covers how it collects, uses, discloses, transfers, and stores members' personal information.

SIGNATURES

Member:	Name		Signature	
	Date			
HR:	Name		Signature	
	Date			
Witness:	Name		Signature	
	Date			