



When must this form be completed?

This form should be completed whenever a member is transferred to an Anglo American or associated company at Company behest.



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 D, 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.

SECTION A: (HR TO COMPLETE)

Member's name and surname

Pension number

Last day worked

Operation

Date employed

Date joined DBPF

Was the member a member of NUM at retirement? 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.

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:

TRANSFER INSTRUCTIONS

By completing this, you confirm that it is a condition of employment that the member transfers his/her pension from the De Beers Pension Fund (DBPF) to their new Anglo retirement fund.

Please note: No portion of the pension may be taken in cash. This transfer will be processed in terms of Section 14 of the Pension Funds Act. The Section 14 transfer process is a lengthy process which requires approval from the Financial Sector Conduct Authority.

New Employer name

Name of the retirement fund to which the Fund Credit must be transferred

Contact person name

Contact details

INITIAL

HR OFFICER

MEMBER

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				
Revenue office where tax last paid			Tax number (compulsory)				

SECTION C - BANKING DETAILS (REQUIRED FOR TAX CERTIFICATE PURPOSES ONLY - COMPULSORY)

Name of main bank account holder							
Bank name		Is this a shared account?	YES	NO			
Branch name		Branch code					
Account number		Account type	Cheque/Current	Savings	Transmission		
Bank account holder's signature						Date	

SECTION D: DECLARATION (MEMBER TO COMPLETE)

I hereby acknowledge and confirm that:

- 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		

INITIAL

HR OFFICER

MEMBER