



When must this form be completed?

This form is for **members over the age of 50** who are withdrawing from the Fund and who are **intending to take a withdrawal benefit from the Fund**, rather than a retirement benefit.*

**This is because the South African Revenue Service (SARS) does not permit members of a pension fund to take a withdrawal benefit if they qualify to receive a retirement benefit. If a member over the age of 50 can provide evidence and affidavits that they wish to take a withdrawal benefit because they will still be employed or self-employed, SARS may permit this. However, it needs to be a genuine withdrawal, in other words, the member must not be deemed as retiring by the company in other aspects, such as receiving a post-retirement medical aid subsidy.*



Who must complete what parts of this form?

- The member needs to complete Section A, in the presence of a Commissioner of Oaths.
- If the member is going to be employed elsewhere, the new employer should complete Section B, in the presence of a Commissioner of Oaths.
- The Commissioner of Oaths should then complete section C.

MEMBER'S CONTACT DETAILS

Email address

Cellphone no.

SECTION A: SWORN DECLARATION BY THE FUND MEMBER

I, the undersigned do hereby declare that I am going to be:

Please tick:

employed as from (date). See Section B for details.

OR

self-employed as from (date) as (employment type).

I therefore wish to elect for the complete withdrawal option from the De Beers Pension Fund with effect from the date I will be employed/self-employed.

I know and understand the contents of this statement. I have no objection to taking the prescribed oath. I consider the prescribed oath as binding on my conscience.

Deponent Signature:

Full Names:

SECTION B: SWORN DECLARATION BY THE NEW EMPLOYER

I, the undersigned, do hereby declare that

(full names of Fund member)

with ID number is/will be employed at our company/organisation as a permanent/
temporary employee with effective date

Company name:

Full names of employer representative:

Capacity:

Contact number:

Signature of employer representative:

Date:

SECTION C: CERTIFICATION BY COMMISSIONER OF OATHS

Sworn and signed before me at _____ (place) on this _____ day of _____

by the deponent, who declares that he/she read and understood this declaration and regard it as binding on his/her conscience.

Commissioner of Oaths

COMMISSIONER OF OATHS STAMP

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. 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.