

DB 3 – Member’s Declaration – Defined Benefit Section

NOTE: Certified copies of marriage and identity documents/birth/baptism certificates to be attached to this form

SECTION A – MEMBER’S DETAILS			
SURNAME			
FIRST NAMES		TITLE	
RSA ID NUMBER		OPERATION	
PASSPORT NUMBER (If a foreign national)		IF PASSPORT, COUNTRY OF ISSUE (if applicable)	
POLICY NUMBER			
RESIDENTIAL ADDRESS		CODE	
POSTAL ADDRESS		CODE	
TELEPHONE NUMBER (H)		TELEPHONE NUMBER (W)	
CELLPHONE NUMBER		FAX NUMBER	
E-MAIL ADDRESS			
**Where an e-mail address is supplied, all future Fund communication will be directed to the e-mail address supplied.			

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	

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SECTION D – SPOUSE 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 you have not previously provided a copy to the Fund			
SPOUSE OR LIFE PARTNER 1			
SURNAME			
FIRST NAMES			
MAIDEN SURNAME			
PREVIOUS SURNAME (IF PREVIOUSLY DIVORCED)			
ID NUMBER		DATE OF BIRTH	
CELL PHONE NUMBER		TELEPHONE NUMBER (W)	
TYPE OF MARRIAGE (TICK)	CIVIL CEREMONY	☐	Certified marriage certificate to be attached
	RELIGIOUS CEREMONY	☐	Certified marriage certificate to be attached
	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 prior to 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
	COMMON LAW OR LIFE PARTNER	☐	Life partners must be approved by the Fund. A life partner affidavit must be completed in this regard.

SPOUSE OR LIFE PARTNER 2			
SURNAME			
FIRST NAMES			
MAIDEN SURNAME			
PREVIOUS SURNAME (IF PREVIOUSLY DIVORCED)			
ID NUMBER		DATE OF BIRTH	
CELL PHONE NUMBER		TELEPHONE NUMBER (W)	
TYPE OF MARRIAGE (TICK)	CIVIL CEREMONY	☐	Certified marriage certificate to be attached
	RELIGIOUS CEREMONY	☐	Certified marriage certificate to be attached

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SPOUSE OR LIFE PARTNER 2 (CONTINUED)			
	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 prior to 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
	COMMON LAW OR LIFE PARTNER	☐	Life partners must be approved by the Fund. A life partner affidavit must be completed in this regard.

SECTION C – NAMES AND DATES OF BIRTH OF ALL MY OWN CHILDREN (INCLUDING THOSE BORN OUTSIDE OF MARRIAGE, CHILDREN LEGALLY ADOPTED BY YOU OR STEP CHILDREN WHO ARE DEPENDANT ON YOU)							
Certified copies of birth certificates or baptism certificates must be attached to this form if you have not already provided copies to the Fund							
	SURNAME	FIRST NAMES	MOTHER or FATHER(S) NAME AND SURNAME (whichever is applicable)	DATE OF BIRTH	GENDER	CONTACT TEL NUMBER	INDICATE IF THIS IS YOUR OWN CHILD, YOUR LEGALLY ADOPTED CHILD OR YOUR STEP CHILD
1							
2							
3							
4							
5							
6							
7							
8							
9							

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MEMBER’S SIGNATURE	
I _____ (full names) DECLARE THAT THE PARTICULARS ABOVE ARE TRUE AND CORRECT	
DATE	
SIGNATURE	

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