

De Beers Pension Fund – Defined Benefit Section

To be completed by a member upon retirement
To accompany DB6.1

SECTION A – MEMBER'S PERSONAL DETAILS

SURNAME	POLICY NUMBER
FIRST NAMES	MINE/OFFICE

SECTION B – COMMUTATION

Not applicable if transferring to a Retirement Annuity Fund

I wish to make application to commute a portion of my pension. Payment will only be made once the necessary tax directive has been obtained from the required Revenue Authorities.

PORTION TO BE COMMUTED
(MAXIMUM OF 33.33%)

The member hereby instructs and authorizes the Fund to pay amounts which may be due to the member by the transfer of such amounts to the member's own bank account as indicated below and attach either an original cancelled cheque, original recent bank statement, original letter from the Bank or original Bank stamp.

NAME OF BANK ACCOUNT
HOLDER

IS THIS A SHARED ACCOUNT

YES ☐ NO ☐

IF YES, NAME OF MAIN
ACCOUNT HOLDER***

***Please note: If you are not the main account holder the Fund cannot pay your benefit into that account as payment may only be made into an account which is in the name of the Fund member. If you do not have an account of which you are the main account holder, a new bank account must be opened to enable the Fund to do the necessary payment.

BANK NAME

BRANCH NAME

BRANCH CODE

BANK ACCOUNT NUMBER

ACCOUNT TYPE

CHEQUE/
CURRENT

SAVINGS

TRANSMIS-
SION

ORIGINAL BANK STAMP IF NO CANCELLED CHEQUE, ORIGINAL
BANK STATEMENT OR ORIGINAL LETTER FROM BANK IS
ATTACHED

BANK STAMP

PLEASE NOTE:

- Banking accounts must either be a transmission, cheque or savings account. **Credit card details are not accepted.**
- No payments will be made into third party bank accounts.
- The member warrants that the account information given above and the information reflected on either the attached cancelled cheque, original recent bank statement, original letter from the Bank or original Bank stamp, correctly reflects the member's account details to which payment in terms of this instruction must be made.
- The member acknowledges that a proper transfer of funds to this account by the Fund will discharge the Fund's obligation to make payment to the member as effectually as would have been the case had the Fund made the payment to the member directly. The member acknowledges further that the Fund will assume no liability for any errors in the account information as given by the member.

BANK ACCOUNT HOLDER'S
SIGNATURE

DATE

SECTION C – PENSION PAYMENT INSTRUCTION

The member hereby instructs and authorizes the Fund to pay his/her monthly pension amounts by the transfer of such amounts to the member's own bank account as indicated below and attach either an original cancelled cheque, original recent bank statement, original letter from the Bank or original Bank stamp.

DB6.4: Commutation/Banking Advice Form

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NAME OF BANK ACCOUNT HOLDER													
IS THIS A SHARED ACCOUNT	YES ☐ NO ☐		IF YES, NAME OF MAIN ACCOUNT HOLDER***										
***Please note: If you are not the main account holder the Fund cannot pay your benefit into that account as payment may only be made into an account which is in the name of the Fund member. If you do not have an account of which you are the main account holder, a new bank account must be opened to enable the Fund to do the necessary payment.													
BANK NAME													
BRANCH NAME													
BRANCH CODE													
BANK ACCOUNT NUMBER													
ACCOUNT TYPE		CHEQUE/ CURRENT				SAVINGS				TRANSMIS- SION			
ORIGINAL BANK STAMP IF NO CANCELLED CHEQUE, ORIGINAL BANK STATEMENT OR ORIGINAL LETTER FROM BANK IS ATTACHED				BANK STAMP									
PLEASE NOTE: - Banking accounts must either be a transmission, cheque or savings account. Credit card details are not accepted. - No payments will be made into third party bank accounts. - The member warrants that the account information given above and the information reflected on either the attached cancelled cheque, original recent bank statement, original letter from the Bank or original Bank stamp, correctly reflects the member's account details to which payment in terms of this instruction must be made. - The member acknowledges that a proper transfer of funds to this account by the Fund will discharge the Fund's obligation to make payment to the member as effectually as would have been the case had the Fund made the payment to the member directly. The member acknowledges further that the Fund will assume no liability for any errors in the account information as given by the member.													
BANK ACCOUNT HOLDER'S SIGNATURE						DATE							
I confirm that in making the elections indicated in this form, I have not obtained any financial advice from the Fund, or from any of its officers or employees, or from anyone acting or purporting to act as an agent of the Fund. I confirm that I have made my own election and have obtained independent financial advice where this was required and appropriate.													
SIGNATURES													
MEMBER	DATE												
	SIGNATURE												
WITNESS	NAME												
	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