



Who must complete this form?

The member must complete this form and hand it in at the HR department for forwarding to the Fund.



What should accompany this form?

If relevant/applicable, certified copies of marriage certificates, IDs or birth/baptism certificates of nominated beneficiaries

PLEASE READ THE FOLLOWING NOTES BEFORE COMPLETING THIS FORM.

Death benefits are allocated in terms of the rules of the Fund. If you have a spouse (married civilly, customary, approved life partner) and biological children under age 25, the death benefit will first be used to purchase pensions for them in terms of the rules.

Any **remaining** death benefit (where applicable), **after** providing spouse/children pensions, will be allocated in terms of Section 37C of the Pension Fund Act. The purpose of this form is therefore for you, as member, to indicate to the Fund which dependants and/or beneficiaries you would like to receive a death benefit, if you die and any part of your death benefit is allocated in terms of Section 37C.

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 Fund's Privacy Policy (which you can find on the Fund's website) covers how the Fund collects, uses, discloses, transfers, and stores members' personal information.

HOW TO COMPLETE THE NOMINATION SECTIONS OF THIS FORM

1. List all your dependants (and other beneficiaries) and complete all fields except "Share of Benefit". (If there is not enough space on this form for your dependants and other beneficiaries, please complete another DC2 form.)
2. Decide which percentage of your death benefit you would like each to receive and write this under "Share of Benefit".
3. If there are dependants whom you do not want to receive any share, write "0%" in the "Share of Benefit" column and give reasons for each.
4. Check all the information and make sure that the percentages in your "Share of Benefit" fields add up to 100%.
5. If you have any special instructions or additional information, put that in a separate letter and attach it to this form.
6. You and two witnesses must initial at the bottom of each page and sign in full at the end of this document and any other attachments.



IMPORTANT: You may not make any alterations or use correction fluid on this form.

SECTION A: MEMBER'S PARTICULARS

Surname					
First names					
Marital status	Single	Married	Divorced	Separated	Widowed
Identity number			Date of birth		
Member number			Operation		
Executors of the estate: Name					
Address					

YOU, AND TWO WITNESSES, MUST INITIAL IN THESE BOXES

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SECTION B: EMERGENCY CONTACTS

List two relatives or friends who can be contacted in the event of your death to confirm that the information on this form is still valid and up to date.

CONTACT 1

Surname			
First names			
Address			
Relationship			
Telephone no.		Cellphone no.	

CONTACT 2

Surname			
First names			
Address			
Relationship			
Telephone no.		Cellphone no.	

SECTION C: NOMINATION OF BENEFICIARIES

Please ensure that the different 'share of benefit' percentages add up to a total of 100%.

SPOUSE(S) – Complete details of all your current husbands and wives, including tribal/customary unions and life partner(s)

SPOUSE OR PARTNER 1

Surname			
First names			
Physical Address			
Identity number		Type of marriage	Civil ceremony
Date of birth			Religious ceremony
Gender			African law and custom
% Share of benefit			Common law or life partner
If share is 0%, provide a reason			

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SPOUSE OR PARTNER 2

Surname			
First names			
Physical Address			
Identity number		Type of marriage	Civil ceremony
Date of birth			Religious ceremony
Gender			African law and custom
% Share of benefit			Common law or life partner
If share is 0%, provide a reason			

SECTION D: CHILDREN

Complete details of all of your children (including those born outside of marriage), regardless of age

CHILD 1

Surname		First names	
Physical address			
Identity number		Date of birth	
		Gender	
Child's details (if over 18)	Email		Phone no.
Guardian's details (if under 18)	Name		Phone no.
	Physical address		
% Share of benefit			
If share is 0%, provide a reason			

CHILD 2

Surname		First names	
Physical address			
Identity number		Date of birth	
		Gender	
Child's details (if over 18)	Email		Phone no.
Guardian's details (if under 18)	Name		Phone no.
	Physical address		
% Share of benefit			
If share is 0%, provide a reason			

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CHILD 3

Surname		First names	
Physical address			
Identity number		Date of birth	
Gender			
Child's details (if over 18)	Email		Phone no.
Guardian's details (if under 18)	Name		Phone no.
	Physical address		
% Share of benefit			
If share is 0%, provide a reason			

CHILD 4

Surname		First names	
Physical address			
Identity number		Date of birth	
Gender			
Child's details (if over 18)	Email		Phone no.
Guardian's details (if under 18)	Name		Phone no.
	Physical address		
% Share of benefit			
If share is 0%, provide a reason			

CHILD 5

Surname		First names	
Physical address			
Identity number		Date of birth	
Gender			
Child's details (if over 18)	Email		Phone no.
Guardian's details (if under 18)	Name		Phone no.
	Physical address		
% Share of benefit			
If share is 0%, provide a reason			

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SECTION E: OTHER DEPENDANTS

Complete details of anyone else who receives financial support from you, for example an ex-wife receiving maintenance

DEPENDANT 1

Surname			
First names			
Physical address			
Identity number		Date of birth	
Gender		Relationship	
Dependant's details (if over 18)	Email		Phone no.
Guardian's details (if under 18)	Name		Phone no.
	Physical address		
% Share of benefit			
If share is 0%, provide a reason			

DEPENDANT 2

Surname			
First names			
Physical address			
Identity number		Date of birth	
Gender		Relationship	
Dependant's details (if over 18)	Email		Phone no.
Guardian's details (if under 18)	Name		Phone no.
	Physical address		
% Share of benefit			
If share is 0%, provide a reason			

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SECTION F: ANY OTHER BENEFICIARIES

Other people whom you would like to share in the benefit

BENEFICIARY 1

Surname		First names	
Physical address			
Identity number		Date of birth	
Gender		Relationship	
Beneficiary's details (if over 18)	Email		Phone no.
Guardian's details (if under 18)	Name		Phone no.
	Physical address		
% Share of benefit			
If share is 0%, provide a reason			

BENEFICIARY 2

Surname		First names	
Physical address			
Identity number		Date of birth	
Gender		Relationship	
Beneficiary's details (if over 18)	Email		Phone no.
Guardian's details (if under 18)	Name		Phone no.
	Physical address		
% Share of benefit			
If share is 0%, provide a reason			

I hereby request the Trustees of the De Beers Pension Fund to update my membership records as indicated on these pages. I request that the Trustees pay my death benefits to the persons listed on this form, but understand and accept that the Trustees may, in compliance with Section 37C of the Pension Funds Act, pay my death benefits as they may in their discretion determine.

SIGNATURES

Member	Date		Signature	
Witness 1	Name		Signature	
	Date			
Witness 2	Name		Signature	
	Date			