



De Beers Pension Fund – Defined Benefit Section

DB6 Termination - To be completed upon resignation, dismissal or retrenchment of an employee

Note: All sections A to G must be completed before this form is sent to the Fund, to avoid a delay in payment

The following forms must accompany this form:

- DB9
- DB6.2

SECTION A – MEMBER'S PERSONAL DETAILS			
NOTE: A certified copy of the member's ID must be attached to this form			
SURNAME		TITLE	
FIRST NAMES		INITIALS	
ID NUMBER		DATE OF BIRTH	
PASSPORT NUMBER (for Non-RSA residents)		PASSPORT COUNTRY OF ISSUE	
TELEPHONE NUMBER (WORK)		CELL NUMBER	
TELEPHONE NUMBER (HOME)		FAX NUMBER	
FORWARDING POSTAL ADDRESS (mandatory)			
		POSTAL CODE	
FORWARDING PHYSICAL ADDRESS (mandatory)			
		POSTAL CODE	
FORWARDING EMAIL ADDRESS**			
**Where an e-mail address is supplied, all future Fund communication will be directed to the e-mail address supplied. Ideally, this should be your personal e-mail address and not the e-mail address which applied during your employment			
ALTERNATE CONTACT DETAILS E.G. FAMILY MEMBER		TELEPHONE NUMBER	
REVENUE OFFICE WHERE TAX LAST PAID		TAX NUMBER (Compulsory)	

SECTION B – TO BE COMPLETED BY THE EMPLOYER							
MEMBER'S POLICY NUMBER				OPERATION			
DATE EMPLOYED				DATE JOINED FUND			
LAST DAY WORKED				POLICY NUMBER			
REASON FOR TERMINATION	RESIGNATION	☐	DISMISSAL	☐	RETRENCHMENT	☐	TRANSFER TO ANGLO AMERICAN OR ASSOCIATED COMPANY WITH ANGLO AMERICAN AT COMPANY BEHEST (BY TICKING THIS, YOU CONFIRM THAT IT IS A CONDITION OF EMPLOYEMENT THAT THE MEMBER TRANSFER THEIR PENSION FROM DE BEERS PENSION FUND TO THEIR NEW ANGLO RETIREMENT FUND)
ANNUAL TAXABLE INCOME AS INDICATED ON THE LATEST TAX CERTIFICATE OR PAYSIP							
WAS THE MEMBER A MEMBER OF NUM AT RETIREMENT				YES ☐		NO ☐	

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SECTION C – SERVICE OUTSIDE OF SOUTH AFRICA – TO BE COMPLETED BY THE EMPLOYER			
Did the member have any group service outside the Republic of South Africa	YES	☐	NO ☐
If yes, a letter from the employer on the letterhead of the employer must be attached confirming the foreign service			
Where an employee has service in South Africa, Namibia, Botswana or any other country, please ensure that the employee has read and understands the following:			
- The De Beers Pension Fund will apply for a tax directive from the South African Revenue Service as well as the Namibian Inland Revenue Office. - The De Beers Pension Fund has an obligation to conform to these requirements and is not allowed any discretion at all in this regard			
SECTION D – EMPLOYEE'S INSTRUCTION/OPTION FOR REFUND			
If you leave the service of your employer (for any reason) and <i>do not exercise a choice or do not make a valid election</i> regarding your DBPF benefit, you will automatically become a deferred pensioner in the DBPF. This default preservation does not mean that you are locked-in if you do not make an election, it just means that your benefit will be treated as a deferred benefit rather than an unpaid or unclaimed benefit. You will still have the option to withdraw (prior to age 60) or retire from the DBPF (as applicable) at any date into the future.			
PLEASE SELECT EITHER OPTION 1, 2, 3 OR 4 BELOW			
1. DEFER PENSION - You may transfer your accrued benefit to another Approved Fund at any time following the date of deferment with the DBPF, provided that this transfer is done before the normal pension age (age 60). - You may take receipt of your accrued benefit in cash (subject to a tax directive from the relevant tax authorities) at any time following the date of deferment with the DBPF, provided that this withdrawal is done before the normal pension age (age 60). - Provided you have attained a minimum of 50 years of age, you may elect to retire from the DBPF in terms of the Funds rules.	Please tick ☐		
2. REFUND OF BALANCE IN MY FUND CREDIT This refund is subject to tax (RSA and/or another country as appropriate). Where a member is over the age of 50 years and selects option 2, the over 50 declaration is to be attached to this form	Please tick ☐		

Please initial

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3. TRANSFER TO AN APPROVED FUND AS DEFINED IN THE RULES ○ You may elect to preserve your withdrawal benefit (An amount equal to your Fund Credit) if it is paid directly into an approved Pension, Preservation or Retirement Annuity Fund as defined in the Income Tax Act. ○ A signed copy of the members policy application form must be attached Where a member is over the age of 50 years and selects option 3, the over 50 declaration is to be attached to this form I hereby declare: 1. That I have elected entirely on my own initiative and at my sole risk to terminate my membership of the De Beers Pension Fund effective from the last working day indicated in Section B of this form 2. That the amount to which I am entitled as a preservation/transfer benefit under the existing rules of the De Beers Pension Fund will be transferred to _____ in full and shall be a final settlement of all and any claims of any kind which I may have against the De Beers Pension Fund arising out of my membership of the De Beers Pension Fund; 3. that my decision to identify _____ as the Fund to which the transfer of money is to be made by the De Beers Pension Fund has been made entirely independently of the De Beers Pension Fund; 4. That, after the transfer of funds has been made by the De Beers Pension Fund to the _____, I shall not at any time have any claims of any kind against De Beers Pension Fund. 5. I authorise the De Beers Pension Fund to liaise with _____ (Indicate the name of the financial Advisor/broker) with regards to the transfer of my pension. The contact details are as follows: Tel nr: _____ Email address: _____ _____ SIGNATURE: _____ _____ DATE: _____	Please tick ☐
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Please initial

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1. I hereby declare:

That my membership of the De Beers Pension Fund be terminated effective from the last working day indicated in Section B of this form as a result of my transfer to an Anglo American Retirement Fund or any of its subsidiaries or affiliates.

The details of the transfer of my pension are as follows:

Employer name	
Name of the Retirement Fund that my pension is to be transferred to	
Date of joining the abovementioned Fund	

Note that such transfers are processed in terms of Section 14 of the Act. The Section 14 transfer process is a lengthy process which requires approval from the Financial Services Board

SIGNATURE: _____

DATE: _____

4. COMBINATION OF OPTION 2 AND 3 ABOVE

NB Refer to rules A8.1.0, A8.2.0, A8.3.0 and A8.4.0.

➤ VALUE TO BE PAID IN CASH (BEFORE TAX)

I hereby declare:

1. That I have elected entirely on my own initiative and at my sole risk to terminate my membership of the De Beers Pension Fund effective from the last working day indicated in Section B of this form
2. That the amount to which I am entitled as a preservation/transfer benefit under the existing rules of the De Beers Pension Fund will be transferred to _____ in full and shall be a final settlement of all and any claims of any kind which I may have against the De Beers Pension Fund arising out of my membership of the De Beers Pension Fund;
3. that my decision to identify _____ as the Fund to which the transfer of money is to be made by the De Beers Pension Fund has been made entirely independently of the De Beers Pension Fund;
4. That, after the transfer of funds has been made by the De Beers Pension Fund to the _____, I shall not at any time have any claims of any kind against De Beers Pension Fund.
5. I authorise the De Beers Pension Fund to liaise with _____ (Indicate the name of the financial Advisor/broker) with regards to the transfer of my pension. The contact details are as follows:

Tel nr: _____

Email address: _____

SIGNATURE: _____

DATE: _____

Please tick ☐

R _____

Please initial

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SECTION E - BANKING DETAILS – COMPULSORY													
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 credit of the member's 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 can only be made into an account which is in the name of the member. If you do not have an account of which you are the main account holder, a new bank account has to 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 give above and the information reflected in 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.													

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SECTION F – CERTIFICATE BY EMPLOYER OF MEMBER'S OUTSTANDING DEBT				
DOES EMPLOYEE HAVE A HOUSING LOAN/BOND FOR WHICH THE COMPANY PROVIDED SECURITY/GUARANTEE (IF YES, A COPY OF THE SIGNED AGREEMENT IS NEEDED)	YES	☐	NO	☐
AMOUNT TO BE RECOVERED FROM MEMBER'S PENSION MONIES	R			
CHEQUE TO BE ISSUED IN FAVOUR OF:				

DECLARATION BY MEMBER
I HEREBY ACKNOWLEDGE THAT: ■ I have received approximate calculations from the De Beers Pension Fund outlining the retirement options available to me. ■ I have consulted a Certified Financial Planner and or tax advisor (if required) to make my decision. ■ I confirm that I was provided with access to Retirement Benefit Counselling from the Fund, either in written or verbal format (or both), prior to making my election as set out herein. ■ 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 ■ I confirm that I have read through and understand all the contents of this form and agree with the information provided on this form by me and my employer. ■ 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

SIGNATURES					
MEMBER	NAME		WITNESS	NAME	
	DATE			DATE	
	SIGNATURE			SIGNATURE	
HR OFFICER	NAME				
	DATE				
	SIGNATURE				