

**De Beers Pension Fund – Defined Benefit Section**  
**DB12 - Death in Service**

| SECTION A – DECEASED'S PERSONAL DETAILS |  |               |  |
|-----------------------------------------|--|---------------|--|
| SURNAME                                 |  |               |  |
| FIRST NAMES                             |  |               |  |
| POLICY NUMBER                           |  | OPERATION     |  |
| ID NUMBER                               |  | DATE OF BIRTH |  |
| DATE OF DEATH                           |  | DATE EMPLOYED |  |
| DATE JOINED THE FUND                    |  | TAX NUMBER    |  |

| SECTION B – EXECUTOR'S DETAILS |  |      |  |
|--------------------------------|--|------|--|
| NAME                           |  |      |  |
| ADDRESS                        |  |      |  |
|                                |  | CODE |  |

| SECTION C – TICK TO CONFIRM THAT THE FOLLOWING ARE ENCLOSED (PENSION FUND MEMBERS ONLY) |                                                                |  |                          |
|-----------------------------------------------------------------------------------------|----------------------------------------------------------------|--|--------------------------|
| 1                                                                                       | FINAL YEAR'S EARNINGS FORM (DB6.2)                             |  | <input type="checkbox"/> |
| 2                                                                                       | FIVE YEAR EARNINGS (DB9)                                       |  | <input type="checkbox"/> |
| 3                                                                                       | FINAL YEARS EARNINGS (DB6.2)                                   |  | <input type="checkbox"/> |
| 4                                                                                       | MARRIAGE CERTIFICATE                                           |  | <input type="checkbox"/> |
| 5                                                                                       | CHILDRENS' BIRTH CERTIFICATES                                  |  | <input type="checkbox"/> |
| 6                                                                                       | WIDOW/WIDOWER'S ID                                             |  | <input type="checkbox"/> |
| 7                                                                                       | DEATH CERTIFICATE                                              |  | <input type="checkbox"/> |
| 8                                                                                       | COPIES OF SUBMITTED FUNERAL CLAIM AND STATEMENT ON DEATH FORMS |  | <input type="checkbox"/> |

| SECTION D – INDICATE DECEASED'S SERVICE IN THE FOLLOWING COUNTRIES                                                                                                                                                                                                                                                                             |     |                          |    |                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--------------------------|----|--------------------------|
| Did the deceased have any group service outside the Republic of South Africa                                                                                                                                                                                                                                                                   | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| If yes, a letter from the employer on the letterhead of the employer must be attached confirming the foreign service                                                                                                                                                                                                                           |     |                          |    |                          |
| Where the deceased had service in South Africa, Namibia, Botswana or any other country, the following will apply:                                                                                                                                                                                                                              |     |                          |    |                          |
| <ul style="list-style-type: none"> <li>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.</li> <li>The De Beers Pension Fund has an obligation to conform to these requirements and is not allowed any discretion at all in this regard</li> </ul> |     |                          |    |                          |

| SECTION E – CERTIFICATE BY EMPLOYER OF MEMBER'S OUTSTANDING DEBT                                                                                           |     |                          |    |                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--------------------------|----|--------------------------|
| Did the deceased have a housing loan/bond for which the Company provided security/guarantee?<br>(If yes, a copy of the signed agreement is to be attached) | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| Amount to be recovered from the deceased's death benefit                                                                                                   | R   |                          |    |                          |
| Payment to be issued in favour of:                                                                                                                         |     |                          |    |                          |

| SECTION F – EXECUTOR'S DETAILS |  |
|--------------------------------|--|
| NAME                           |  |
| ADDRESS                        |  |

| NOTE TO HR                                                                                                                                                        |                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| THE FOLLOWING FORMS ARE TO BE PROVIDED TO THE DEPENDANTS OF THE DECEASED MEMBER FOR COMPLETION. THE DEPENDANTS ARE TO COMPLETE AND SUBMIT THESE FORMS TO THE FUND |                                                                         |
| 1                                                                                                                                                                 | WIDOW/WIDOWER'S SWORN DECLARATION - M11.2                               |
| 2                                                                                                                                                                 | DECLARATION BY DECEASED'S SPOUSE, CHILDREN, NOMINEE OR OTHER DEPENDANTS |

| SIGNATURES |           |  |
|------------|-----------|--|
| HR         | NAME      |  |
|            | DATE      |  |
|            | SIGNATURE |  |

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