



Who must complete this form?

A **Defined Benefit (DB)** member wishing to make or change additional voluntary contributions should complete this form.



To whom should this form be returned?

The Fund may only receive AVCs from your payroll department. This form must therefore be submitted to your payroll department and not to the Fund. A copy of this form is to be retained by the operation as its authority to make the deduction from payroll.

SECTION A: MEMBER'S DETAILS

Surname			
First names			
ID number		Operation	
Policy number			
Passport number (for Non-RSA residents)		Country of issue	
Contact details	Home	Work	
	Fax	Cell	
	Email*		
	*If supplied, all Fund communication will be sent to this email address.		
Postal address (mandatory)			Code
Physical address (mandatory)			Code

SECTION B: I WANT TO MAKE AN AVC BY -

1. Contributing a lump sum, for the amount of	R
2. Contributing on a monthly basis with effect from _____ 20____	R

In this respect, I hereby authorise the operation identified above to deduct this from my monthly salary/wage and to remit this to the De Beers Pension Fund.

SECTION C: I WANT TO MAKE CHANGES TO MY EXISTING AVC

I wish to change my monthly additional voluntary contributions (AVCs) as follows (please tick appropriate block):

Increase		Decrease		Discontinue
Old rate	New rate	Old rate	New rate	

With effect from _____ 20____

I declare that the above information is true and correct.

Print name

Date

Signature