



To be completed upon resignation, dismissal, retrenchment or retirement of an Employee or death of member in service

SECTION A – MEMBER'S PERSONAL DETAILS																					
SURNAME																					
FIRST NAMES																					
ID NUMBER													DATE OF BIRTH	Y	Y	Y	Y	M	M	D	D
PASSPORT NUMBER IF AVAILABLE									COUNTRY OF ISSUE												
MEMBER NUMBER									OPERATION / SECTION												
TELEPHONE NUMBER									CELL NUMBER												
FORWARDING POSTAL ADDRESS									CODE												
FORWARDING PHYSICAL ADDRESS									CODE												
FORWARDING EMAIL ADDRESS**																					
**WHERE AN E-MAIL ADDRESS IS SUPPLIED, ALL SOCIETY COMMUNICATION WILL BE E-MAILED TO THE E-MAIL ADDRESS AS SUPPLIED																					

SECTION B – TO BE COMPLETED BY THE EMPLOYER																	
MEMBER'S POLICY NUMBER									EMPLOYEE NUMBER								
DATE EMPLOYED	Y	Y	Y	Y	M	M	D	D	DATE JOINED THE SOCIETY	Y	Y	Y	Y	M	M	D	D
LAST DAY WORKED	Y	Y	Y	Y	M	M	D	D	OPERATION								
REASON FOR TERMINATION	RESIGNATION											<input type="checkbox"/>					
	DISMISSAL											<input type="checkbox"/>					
	RETRENCHMENT <i>(Please complete Section C below)</i>											<input type="checkbox"/>					
	TRANSFER TO ANGLO AMERICAN OR ASSOCIATED COMPANY											<input type="checkbox"/>					
	RETIREMENT <i>(Please complete Section C below)</i>											<input type="checkbox"/>					
	DEATH IN SERVICE <i>(Please complete Section C below for eligible dependants)</i>											<input type="checkbox"/>					
	OTHER _____ <i>(Please specify)</i>											<input type="checkbox"/>					
THIS MEMBER IS ELIGIBLE TO RECEIVE A POST RETIREMENT MEDICAL AID SUBSIDY FROM THE EMPLOYER											<input type="checkbox"/>	_____ %					
THIS MEMBER IS <u>NOT</u> ELIGIBLE TO RECEIVE A POST RETIREMENT MEDICAL AID SUBSIDY FROM THE EMPLOYER											<input type="checkbox"/>						

SECTION C – CONTINUATION OF MEMBERSHIP			
<p>In terms of the Rules, all members of the Society are entitled to retain their membership:</p> <ul style="list-style-type: none"> <li>On retirement or when employment is terminated by the Employer or Associated Employer on account of age, ill-health or other disability and, in a similar manner widows of deceased retired members may elect to continue their membership of the Society.</li> <li>A member who is retrenched from the service of the Employer or Associated Employer may continue their membership of the Society provided there is no break in service of membership.</li> </ul> <p>You are therefore invited to exercise your rights by stating "YES" to either option 1 OR option 2 below:</p>			
OPTION			
OPTION 1 (Continuation)	I elect to continue as a member of the Society and therefore request that all of my registered dependants membership be retained as well.	YES	<input type="checkbox"/>
OPTION 2 (Termination)	I elect to terminate my membership of the Society in the understanding that I will not be eligible for re-admission to the Society. Membership of all registered dependants will also be terminated.	YES	<input type="checkbox"/>



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CONTRIBUTIONS / MEDICAL EXCESS PAYABLE			
OPTION 1 (De Beers Pension Fund)	I will be receiving a monthly pension from the De Beers Pension Fund and I hereby authorise the De Beers Benefit Society to make deductions from any pension/annuity due to me by the De Beers Pension Fund of any amount whatsoever which may become payable by me, in terms of the Rules of the Society.	YES	<input type="checkbox"/>
OPTION 2 (Cash Payer)	I will settle any amount which may become payable by me, in terms of the Rules of the De Beers Benefit Society via a monthly debit order. <b><i>(Please complete form M6.5B – mandatory)</i></b>	YES	<input type="checkbox"/>

AUTHORISATION		
I hereby authorise and empower the De Beers Benefit Society to make payment for and on my behalf of all medical expenditure incurred by me, or my dependants, in terms of the rules of the Society, which I hereby agree and undertake to repay to the Society free of interest, and hereby accept a statement signed by the Manager of the Society as proof at all times, of the sum or sums owing by me to the Society.		
MEMBER	DATE	
	SIGNATURE	
WITNESS	NAME	
	DATE	
	SIGNATURE	
HR OFFICER	NAME	
	DATE	
	SIGNATURE	