

## BENEFIT CLAIM FORM DEFERRED MEMBERS



| Omang No.     |     |          |       |              |     |   |          |              |     |     |     |          |  |      |     |          | )  |     |   |                |      |              |  |          |             |   |
|---------------|-----|----------|-------|--------------|-----|---|----------|--------------|-----|-----|-----|----------|--|------|-----|----------|----|-----|---|----------------|------|--------------|--|----------|-------------|---|
|               |     |          |       |              |     |   |          |              |     |     |     |          |  |      |     |          |    |     |   |                |      |              |  |          |             |   |
|               |     |          |       |              |     |   | M        | EM           | BEF | R P | ER  | SOI      | IAI  | _ DI | ET/ | AILS     | 3  |     |   |                |      |              |  |          |             |   |
|               | Cor | mpar     | ny No | 0.           |     |   |          |              |     |     |     |          |  |      |     |          |    |     |   |                |      |              |  |          |             |   |
|               |     |          |       |              |     |   |          |              |     |     |     |          |  |      |     |          |    |     |   |                |      |              |  |          |             |   |
| Title         |     | Mr       |       |              | Mrs | 3 |          | Mis          | 3   |     | Ms  | 3        |  | D    | r   |          | С  | apt |   | F              | Prof |              |  | dv       |             |   |
| Surname       |     |          |       |              |     |   |          |              |     |     |     |          |  |      |     |          |    |     |   |                |      |              |  |          |             |   |
| First Name    |     |          |       |              |     |   |          |              |     |     |     |          |  |      |     |          |    |     |   |                |      |              |  |          |             |   |
| Date Of Birth |     |          | ]/    |              |     | / |          |              |     |     | (0  | ld/m     | m/y  | ууу) |     |          |    |     |   |                |      |              |  |          |             |   |
| Contact No.   |     |          |       |              |     |   |          |              |     |     |     |          |  |      |     |          |    |     |   |                |      |              |  |          |             |   |
| Cellphone No. |     |          |       |              |     |   |          |              |     |     |     |          |  |      |     |          |    |     |   |                |      |              |  |          |             |   |
| Email         |     |          |       |              |     |   |          |              |     |     |     |          |  |      |     |          |    |     |   |                |      |              |  |          |             |   |
|               | Con | tact     | Add   | ress         | 5   |   |          |              |     |     |     |          |  |      |     |          |    |     |   |                |      |              |  |          |             |   |
|               |     |          |       |              |     |   |          |              |     |     |     |          |  |      |     |          |    |     |   |                |      |              |  |          |             |   |
|               |     | -        |       |              |     |   |          |              |     |     |     |          |  |      |     |          |    |     |   |                |      |              |  |          |             |   |
|               |     |          |       |              |     |   |          |              |     |     |     |          |  |      |     |          |    |     |   |                |      |              |  |          |             |   |
|               | L   | <u> </u> |       | <u> </u><br> |     |   | <u> </u> | <u> </u><br> |     |     |     | <u> </u> | <u>                                     </u> |      |     |          |    |     |   |                |      | <u> </u><br> | <u>                                     </u> | <u> </u> | $\square$   | = |
| Headman       |     | <u> </u> |       |              |     |   | <u></u>  | <u> </u>     |     |     |     |          |  |      |     |          |    |     |   |                |      | <u> </u>     | <u> </u>                                     | <u></u>  |             | = |
| Chief         |     |          |       |              |     |   |          |              |     |     |     |          |  |      |     |          |    |     |   |                |      |              |  |          |             |   |
| Village Ward  |     |          |       |              |     |   |          |              |     |     |     |          |  |      |     |          |    |     |   |                |      |              |  |          |             |   |
|               |     |          |       |              |     |   |          | С            | ET  | AIL | S N | IEX      | ТС   | )F k | (IN |          |    |     |   |                |      |              |  |          |             | _ |
| Title         |     | Mr       |       |              | Mrs | 6 |          | Mis          | 3   |     | Ms  | 3        | Γ  | 7 d  | r   |          | ٦с | apt | Γ | ٦ <sub>F</sub> | Prof | Γ            |  | ιdν      |             |   |
| Surname       |     | Γ        |       |              |     |   |          |              |     |     |     |          |  |      |     |          | _  |     |   |                |      |              |  |          |             |   |
| First Name    |     |          |       |              |     |   |          |              |     |     |     |          |  |      |     |          |    |     |   |                |      |              |  |          |             |   |
| Relationship  |     |          |       |              |     |   |          |              |     |     |     |          |  |      |     |          |    |     |   |                |      |              |  |          |             |   |
| Contact No.   |     |          |       |              |     |   |          |              |     |     |     |          |  |      |     |          |    |     |   |                |      |              |  |          |             |   |
|               | Cor | ntact    | Add   | res          | S   |   | <u> </u> |              |     |     |     |          |  |      |     |          |    |     |   |                |      |              |  |          |             |   |
|               |     |          |       |              |     |   |          |              |     |     |     |          |  |      |     |          |    |     |   |                |      |              |  |          |             |   |
|               |     | _        |       |              |     |   |          |              |     |     |     |          |  |      |     |          |    |     |   |                |      |              |  |          |             |   |
|               |     |          |       |              |     |   |          |              |     |     |     |          |  |      |     |          |    |     |   |                |      |              |  |          | -           |   |
|               |     |          |       | <u> </u><br> |     |   |          |              |     |     |     | <u> </u> | <u> </u>                                     |      |     | <u> </u> |    |     |   |                |      | <u> </u>     | <u>                                     </u> |          | $\square$   |   |
| Headman       |     | <u> </u> |       | <u> </u>     |     |   |          | <u> </u>     |     |     |     |          | <u> </u>                                     |      |     |          |    |     |   |                |      | <u> </u>     |  |          | 닏           |   |
| Chief         |     | <u> </u> |       |              |     |   |          |              |     |     |     | <u> </u> | <u> </u>                                     |      |     |          |    |     |   |                |      | <u> </u>     |  |          | $\bigsqcup$ |   |
| Village Ward  |     |          |       |              |     |   |          |              |     |     |     |          |  |      |     |          |    |     |   |                |      |              |  |          |             |   |
|               |     |          |       |              |     |   |          |              |     |     |     |          |  |      |     |          |    |     |   |                |      |              |  |          |             |   |



| EVIT DETAIL O   |
|---|
| EXIT DETAILS  Exit Date (dd/mm/yyyy)  Exit Code  Exit Code  |
| Refer to the table below for the Exit Codes   |
| Date exit is the first day out of service   |
|   |
| EXIT CODES  |
| Defined Contribution Fund   |
| 90 NORMAL RETIREMENT<br>91 ILL HEALTH RETIREMENT  |
| 31 IEETEAETTINETINETINETINETINETINETINETINETINETI   |
| TAX DIRECTIVE DETAILS   |
| DI FACE NOTE  |
| PLEASE NOTE For the purpose of the following, gross annual income includes an amount received under a contract of service as well as cost of living |
| allowance, commission, share of profits etc but not occasional bonuses or fees, which were dependent on the whim of directors or employer.          |
| Gross Annual income for the current year P  |
|   |
| Withholding tax deducted in current year P  |
|   |
| BENEFIT OPTIONS   |
| Benefits are paid in terms of the rules of the Fund.  |
| A maximum of 33.3% may be taken in cash in the event of retirement.   |
|   |
| 1. Cash . Please indicate your payment option on page 3)  |
| 2. Transfer  %  |
| 2. Hansiei  |
| 3. DPF Annuity  %   |
|   |
|   |
| If option 2 is selected please ensure a REGISTERED INSURER TRANSFER DETAIL form is completed per annuity purchased.                                 |
| in option 2 to delected produce directly and of the content of the completed per directly parolicities.   |
| CONSENT TO BE PAID IN CASH  |
| Rule 63 of the Debswana Pension Fund provides that where annual pension is less than P 5000.00, benefit may   |
| be paid in lumpsum  |
| In terms of benefit option (3) above, I hereby authorise the Fund to pay the full amount to me in cash.   |
| (Please indicate your payment option on Page 3)   |
|   |
|   |
|   |
| Member's Signature  |
| monitor o digractio   |
|   |
|   |
|   |



#### **ANNUITY OPTIONS**

### 1. Life Only

You will receive monthly pension till you die. No benefits are paid out to dependants.

#### 2. 5 years Guaranteed, thereafter life pension\*

You will receive monthly pension till you die. Pension is guaranteed for the first five years, should you die before the expiry of the guaranteed period, benefits that would have been payable for the remaining part of the 5 year period are paid to your dependants.

#### 3. 10 years Guaranteed, thereafter life pension

You will receive monthly pension till you die. Pension is guaranteed for the first ten years, should you die before the expiry of the guaranteed period, benefits that would have been payable for the remaining part of the ten year period are paid to your dependants.

#### 4. Joint life

You will receive monthly pension till you die. Upon your death your spouse will receive up to 50% of your pension until death. Your children, up to age 21 and people who are financially dependent on you till they die, will receive up to 50% and 10% respectively of your monthly pension. You have to be married to qualify for this benefit.

#### 5. Life pension with a surviving dependant (no spouse)

You will receive monthly pension till you die. Upon your death, if survived by one child, up to 100% of your monthly pension will be payable to that child. If there is more than one, each child shall receive a monthly pension that is not more than 50% until age 21. People who are financially dependent on you will receive up to 10% of monthly pension till they die.

| Annuity Option No. |  |  |
|--------------------|--|--|
| Annuity Quote No.  |  |  |

| MEMBER BANK DETAILS        |       |    |      |    |   |  |       |      |       |    |   |   |   |  |  |   |   |   |  |   |   |   |
|----------------------------|-------|----|------|----|---|--|-------|------|-------|----|---|---|---|--|--|---|---|---|--|---|---|---|
| Payment option             |       | E  | -T   |    |   |  | Che   | que  |       |    |   |   |   |  |  |   |   |   |  |   |   |   |
| Name of the Ac             | count | Но | lder |    |   |  |       |      |       |    |   |   |   |  |  |   |   |   |  |   |   |   |
|                            |       |    |      |    |   |  |       |      |       |    |   |   |   |  |  |   |   |   |  |   |   |   |
| Bank Name                  |       |    |      |    |   |  |       |      |       |    |   |   |   |  |  |   |   |   |  |   |   |   |
|                            |       |    |      |    |   |  |       |      |       |    |   |   |   |  |  |   |   |   |  |   |   | Τ |
| Branch Code Account Number | er    |    |      |    | • |  | •     | •    |       |    | • | • | • |  |  | • | • | • |  | • | • |   |
| Account Type               |       |    |      |    |   |  |       |      |       |    |   |   |   |  |  |   |   |   |  |   |   |   |
| Cheque                     |       | S  | avin | gs |   |  | ] Tra | ansm | nissi | on |   |   |   |  |  |   |   |   |  |   |   |   |

<sup>\*</sup> Failure to exercise a retirement option shall be deemed as having elected the 5 years Guaranteed, thereafter life pension option.



|  |   |        |        |       |       |       |        |        |       |     |        |              |              |      | 、   |            |       |     |      |       |          |       |     |      |       |
|--|---|--------|--------|-------|-------|-------|--------|--------|-------|-----|--------|--------------|--------------|------|-----|------------|-------|-----|------|-------|----------|-------|-----|------|-------|
| I hereby confirme with regard<br>the event of ar | d to the                                  | payr   | nent   | of m  | ny be | enef  | its, i | nclu   | ding  | the | tax    | impli        | icati        | ons  | and | that       | la    | m m | naki | ng a  | an i     | infoı | rme | d ch | oice; |
| be held liable f                                 |   |        |        |       |       |       | •      |        |       | •   |        |              |              |      | •   |            |       |     |      |       |          |       |     |      |       |
| Surname  |   |        |        |       |       |       |        |        |       |     |        |              |              |      |     |            |       |     |      |       |          |       |     |      |       |
| First name                                       |   |        |        |       |       |       |        |        |       |     |        |              |              |      |     |            |       |     |      |       |          |       |     |      |       |
|  |   |        |        |       |       |       |        |        | Om    | ang | No.    |              |              |      |     |            |       |     |      |       |          |       |     |      |       |
|  |   |        |        |       |       |       |        |        |       |     |        |              | Date / / /   |      |     |            |       |     |      |       |          |       |     |      |       |
|  |   |        |        |       |       |       |        |        |       |     |        |              | (dd/mm/yyyy) |      |     |            |       |     |      |       |          |       |     |      |       |
|  |   | Mem    | ber's  | s Sig | natu  | ıre   |        |        |       |     |        |              |              |      |     |            |       |     |      |       |          |       |     |      |       |
|  |   |        | D      | FC    | ΙΔΕ   | 2 Δ Τ |        | N R    | ΥГ    | )FR | SW     | ΔΝ           | ΔΕ           | PEN  | JSI | )N         | FII   | ND  |      |       | _        |       |     |      |       |
|  | _   |        |        |       |       |       |        |        |       |     |        |              |              |      |     | <b>511</b> | . •   | .,, |      |       |          |       |     |      |       |
| hereby decla                                     | re that                                   | all pa | articu | llars | turn  | ishe  | ed or  | n this | s for | m a | re tru | ıe ar        | nd c         | orre | ct. |            |       |     |      |       |          |       |     |      |       |
| Surname  |   |        |        |       |       |       |        |        |       |     |        |              |              |      |     |            |       |     |      |       |          |       |     |      |       |
| First name                                       |   |        |        |       |       |       |        |        |       |     |        |              |              |      |     |            |       |     |      |       | $\perp$  |       |     |      |       |
| Designation                                      |   |        |        |       |       |       |        |        |       |     |        |              |              |      |     |            |       |     |      |       | <u> </u> |       |     |      |       |
|  |   |        |        |       |       |       |        | •      | Om    | ang | No.    |              |              |      |     |            |       |     |      |       |          |       |     |      |       |
|  |   |        |        | Emp   | oloy  | er Te | el No  | o. 🗌   |       |     |        |              |              |      |     |            |       |     |      |       |          |       |     |      |       |
|  |   |        |        |       |       |       |        |        |       |     |        |              | _<br>D       | ate  |     |            | /     |     |      | 7     | 7 [      |       |     |      |       |
|  |   |        |        |       |       |       |        |        |       |     |        | (dd/mm/yyyy) |              |      |     |            |       |     |      |       |          |       |     |      |       |
|  |   |        |        |       |       |       |        |        |       |     |        |              |              |      |     |            |       |     |      |       |          |       |     |      |       |
| Signe  | Signed on behalf of Debswana Pension Fund |        |        |       |       |       |        |        |       |     |        |              |              |      | 0   | fficia     | al Co | omp | any  | / Sta | am       | p     |     |      |       |
|  |   |        |        |       |       |       |        |        |       |     |        |              |              |      |     |            |       |     |      |       |          |       |     |      |       |

DECLARATION BY MEMBER

# THE MEMBER AND THE DPF REPRESENTATIVE SIGNATURES MUST BE PRESENT TO ENABLE PAYMENT