



35878

BENEFIT CLAIM FORM



DPF

DEBSWANA • PENSION • FUND

Your Fund, Your Security, Your Future

Omang No.

Grid for Omang No.

MEMBER PERSONAL DETAILS

Company No.

Grid for Company No.

Title [] Mr [] Mrs [] Miss [] Ms [] Dr [] Capt [] Prof [] Adv

Surname

Grid for Surname

First Name

Grid for First Name

Date Of Birth

Grid for Date Of Birth (dd/mm/yyyy)

Contact No.

Grid for Contact No.

Cellphone No.

Grid for Cellphone No.

Email

Grid for Email

Contact Address

Grid for Contact Address

Headman

Grid for Headman

Chief

Grid for Chief

Village Ward

Grid for Village Ward

DETAILS NEXT OF KIN

Title [] Mr [] Mrs [] Miss [] Ms [] Dr [] Capt [] Prof [] Adv

Surname

Grid for Surname

First Name

Grid for First Name

Relationship

Grid for Relationship

Contact No.

Grid for Contact No.

Contact Address

Grid for Contact Address

Headman

Grid for Headman

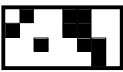
Chief

Grid for Chief

Village Ward

Grid for Village Ward

Grid for Omang No.



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EXIT DETAILS

Exit Date (dd/mm/yyyy)

/ /

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
- 91 ILL HEALTH RETIREMENT
- 93 RESIGNATION
- 94 DISMISSAL
- 95 RETRENCHMENT

TAX DIRECTIVE DETAILS

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 25% may be taken in cash on resignation and a maximum of 33.33% for retrenchment.

1. Cash . % (Please indicate your payment option on Page 3)

2. Transfer . %

3. Deferred . %

4. DPF Annuity . %

If option 2 is selected please ensure a REGISTERED INSURER TRANSFER DETAIL form is completed per annuity purchased.

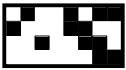
CONSENT TO BE PAID IN CASH

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 (4) 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



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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.

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

MEMBER BANK DETAILS

Payment option EFT Cheque

Name of the Account Holder

Bank Name

Branch Code

Account Number

Account Type

Cheque Savings Transmission



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DECLARATION BY MEMBER

I hereby confirm that: the details provided herein are true and correct in every way; I understand the options available to me with regard to the payment of my benefits, including the tax implications and that I am making an informed choice; in the event of any loss suffered as a result of any details provided herein being incorrect, Debswana Pension Fund cannot be held liable for such losses.

Surname																				
First name																				

Omang No.															
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Date			/			/				
(dd/mm/yyyy)										

Member's Signature

DECLARATION BY EMPLOYER

I hereby declare that all particulars furnished on this form are true and correct.

Surname																				
First name																				
Designation																				

Omang No.														
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Employer Tel No.															
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Date			/			/				
(dd/mm/yyyy)										

Signed on behalf of Employer

Official Company Stamp

THE MEMBER AND EMPLOYER SIGNATURES MUST BE PRESENT TO ENABLE PAYMENT

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