DE BEERS BENEFIT SOCIETY

FORM M 6.5

BENEFIT SOCIETY OPTION FORM – RETIREMENT

Member

Policy number

1. MEMBERSHIP OF THE BENEFIT SOCIETY

In terms of the Rules, all members of the Society are entitled to retain their membership on retirement and in a like manner widows of deceased members, or retired members, may elect to continue their membership. You are therefore invited to exercise your rights by stating ‘YES’ to ONE of the following options.

OPTION 1

I elect to continue as a member of the Society. (State YES if applicable)

AND request that any registered dependant’s membership be retained as well.

Please indicate total number of years’ membership to the Society.

OR

OPTION 2

I elect to terminate my membership of the Society in the understanding that I will not be eligible for readmission to the Society. Membership of all registered dependants will also be terminated. (State YES if applicable)

2. 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 De Beers Benefit Society, which I hereby agree and undertake to repay to the De Beers Benefit Society free of interest, and hereby accept a statement signed by the Manager of the De Beers Benefit Society as proof at all times, of the sum or sums owing by me to the De Beers Benefit Society.

I hereby authorise the De Beers Benefit Society to make deductions from any pension 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 De Beers Benefit Society.

Signature of member  Date  Signature of witness