

#### Request for a Tax Deduction Directive Pension and Provident Funds on Retirement/Death before Retirement

FOR OFFICE USE

Ap	plication	no.

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Taxpayer	Det	ails																																										
Taxpayer reference no.												Yea	r of A	ssessi	ment	ended	on (C	CYYN	IMDD	)																								
Surname																																												
Name(s)																																												
Initials							Dat	e of E	Birth (0	CCYYI	MMD	D)								Ider	ntity nu	ımber																						
Passport/ Permit no.																					Passp	ort Co	ountry	/ Coi	untry c	of Origi	n (e.g	. Sout	th Afric	a = ZA	(F)													
If the taxpayer/member	er is n	ot regi	stered	d for in	come	tax, s	elect	one c	of the f	followi	ng rea	asons:	U	nempl	loyed		Oth	er		S	pecify	other																						
Annual income R														]					E	Employ	yee nu	ımber	· [																					
Is the taxpayer a non-	reside	ent?	Ye	s	No		]		Is the	certific	ate of	f reside	ency (	citizer	nship (	certific	ate or	ly whe	ere D	ΓA is r	not app	olicabl	le) att	acheo	1? Y	es	1	10																
<b>Residential</b> A	١ddr	ess																									,																	
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Particulars	5 0	f Fu	nd		-	1								-								1			1 1												L							
Registered Name of Fund																																												
Contact Person	+			+	<u> </u>									T						+							+					<u> </u>										<u> </u>		
E-mail address					 																	<u> </u>	 																			<u> </u>		
Tel no.														 ]			Me	mber	ship n	lumbe	er 🗌										Fur	nd App plicable	roval r	10.	ator E:		1	8 2	2 (	0 4				
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Particulars of Fund (continued)	
Participating Employer Name	
Type of fund:         Pension         Provident         Pension         Provident Preservation	ervation
Postal Address	
	Postal Code
Indicate whether this fund is: A public sector fund An approved fund Other Specify other	
Particulars of Gross Lump Sum Due	
Reason for directive:         Retirement         Retirement due to ill-health         Death before Retirement         Prov	ident Fund Deemed Retirement [Par 2(1)(c)] Unclaimed death benefits
Date of accrual (CCYYMMDD) Date on which the member became a member of the fund (CCYYMMDD)	
Gross amount of lump sum payment (Including the amount deemed to accrue in respect of par 2B of the Second Schedule and amount attributed to Pre – 1 March 2021 Provident Fund vested rights plus growth)	
Gross amount of total benefit	
Amount attributed to a non-member's spouse in respect of divorce order	R
Amount attributed to Pre – 1 March 2021 Provident Fund vested rights plus growth	R
In case of a provident fund, total contributions by member to the fund up to 1 March 2016 (excluding interest and profit)	
In case of a provident fund, total contributions to the fund after 1 March 2016 (excluding interest and profit)	R
Transfer from Pension Fund (after tax amount)	
Directive number for pension transfer	
If a policy of insurance is ceded to the member, state the surrender value as at date of cession (for the purpose of paragraph 4(2)bis of the Second Schedule)	R R
Where member contributions to the fund have exceeded such amounts as allowed for deduction against income, state total amount of excess contributions.	
Former AIPF member's contributions transferred to the fund	
Transfer by non-member spouse previously taxed	R
Was a period consisting of a number of completed years used to determine the quantum of the benefit in terms of a formula prescribed in terms of the rules of	the fund? Yes No
If "YES", state the period of employment taken into account in terms of the rules of the fund:	
Date From (CCYYMMDD)   Date To (CCYYMMDD)	= Completed years
If "NO", state the period of membership of this fund during which contributions were made:	
Date From (CCYYMMDD) Date To (CCYYMMDD)	= Completed years

Particulars of Gross Lump Sum Due (continued)	
Was there a partial withdrawal taken from this benefit in the previous or current fund prior to this payment? Yes No	
If "YES", state the particulars below:	
Date of partial withdrawal (CCYYMMDD)	Amount of partial withdrawal R , , , , , , , , , , , , , , , , , ,
Directive number	
Date of partial withdrawal (CCYYMMDD)	Amount of partial withdrawal R
Directive number	
Particulars of Transfer before Retirement	
Did the fund transfer the retirement benefit to another fund before retirement? Yes No	nsferee fund type: Retirement Annuity Fund Pension Preservation Fund Provident Preservation Fund
	The amount transferred to the transferee fund R
Name of transferee fund	
E-mail address of transferee fund	
Tel no. of transferee fund	
	Amount attributed to Pre – 1 March 2021 Provident Fund vested rights plus growth
4	Amount attributed to Post – March 2021 R R
Pension/Annuity Purchase Details	
Did the fund purchase a pension / annuity? Yes No If "YES", state the particulars per pension / annuity purchase:	
Pension / annuity Policy number	Amount utilised to purchase a pension / annuity R
Indicate the type of annuity Guaranteed Annuity	
Name of the registered long- term insurer where the	
pension/annuity was purchased	
E-mail address of insurer	
Death prior to retirement, the following fields are also mandatory for this purchase:	
Surname	
Name(s)	
Identity Number Date of Birth (CCYYMMDD)	Passport / Permit no.
Taxpayer reference no.	

Pension/Annu	ity F	Pur	cha	ase	e D	eta	ails	5 (C	on	tin	ue	d)																													
Pension / annuity Policy number																					Amo	ount u	tilised	to pu	chas	se a p	ension	n / anr	nuity <b>R</b>										],		
Indicate the type of annuity p	urchase	ed:	Liv	ring A	Annuit	y		Gu	uarant	eed /	Annui	ty																													
Name of the registered long- term insurer where the																																									
pension / annuity was purchased																																									
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Death prior to retirement, th	ne follo	wing	fields	are	also	mano	dator	y for	this p	ourch	nase:																														
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Indicate the type of annuity p	urchase	ed:	Livi	ing A	nnuity	y		Gu	arante	eed A	Annuit	у																													
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Death prior to retirement, th	ne follow	ving fi	elds a	re al	so m	andat	tory	for t	his p	ourc	nase	:																																			
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Is the fund paying the annuity	?	Yes	1	No														lf y	es, s	state	the a	amol	unt re	emair	ning	in the	e fun	d to	pay tł	he a	nnuit	ty		F											],		
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Were any services rendered	inside / o	outside	e the F	Repu	blic d	uring	the	perio	d of I	merr	bers	hip o	of the	func	1?	Ye	es		No		]																										
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Total number of months serv	ices wer	e rend	ered ir	nside	the F	Repub	olic w	vhile	contr	ributi	ng to	o fun	d								]																										
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Date From (CCYYMMDD)									D	ate <sup>-</sup>	Го (С	CY	(MME	DD)										=	= [			Cor	mplet	ed y	ears																
The original amount attribute	d to the	above	period	d of m	nemb	ership	o in t	he pu	ıblic	sect	or fui	nd (f	ull be	enefit	) F	۲ 🗌																		. [	Τ												
Date the amount was transfer public sector fund (CCYYMM	red from DD)																			Pu	iblic S	Secto	or fur	nd dir	rectiv	/e nu	mbe	r for	the o	rigin	ial tra	ansfe	r 🗌														
Date of transfer from first app	proved fu	nd (C	СҮҮМ	MDD	)																																										
Was the benefit received dire	ctly from	a Pul	olic Se	ctor I	Fund	)						Yes		N	0																																
Did the previous Fund indicat	e the be	nefit w	as froi	m a F	Public	Secto	or Fi	und?				Yes		N	0																																

Detai	s	of S	Sal	ary	Ear	rned	(on	ly a	app	lica	ble	for	dat	e of	f ac	cru	als	pri	or t	o 1	Oci	tob	er 2	007	')																					
Highest ave	rage	salary	/ earne	ed by t	he taxp	bayer du	iring ar	ny 5 c	onsec	cutive y	/ears	in the s	ervic	e of th	ne em	ploye	r durin	ig his	memb	ership	p of th	e fund	d:																							
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