

## **Request for a Tax Deduction Directive Pension and Provident Funds - Events Before Retirement or Death**

FOR OFFICE USE

Application no.						Γ

Тахрауе	r De	etail	s																																							
Taxpayer reference no.											Ye	ar of A	ssess	ment e	nded o	on (CC	YYMN	IDD)																								
Surname																																										
Name(s)																																									$\square$	
																																					T		T		T	
Initials					1	[	Date o	of Birth	I (CCY	YMM	DD)								dentity	/ numb	er											7										
Passport/ Permit no.																			Pa	ssport	Coun	try / C	ountry	of Orig	in (e.g	. South	Africa	a = ZA	AF)													
If the taxpayer/mer	nber is	not re	gistere	d for in	come ta	ax, sele	ect one	e of th	e follov	ving r	easons	: U	nemp	loyed		Othe	er		Spec	ify oth	er																					
Annual income F	2																	Em	ployee	numb	er											7										
Is the taxpayer a n	on-resi	ident?	Ye	s	No			ls th	ne certi	ficate	of resid	dency (	, citizer	nship ce	ertifica	ite only	wher	e DTA	is not	applica	able) a	attach	ed? `	Yes	N	lo	1															
Residentia	Ado	dress	;																																							
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Particula	n <b>rs</b> (	of F	und																																							
Registered Name of Fund																																										
Contact Person																																										
E-mail address																																							$\pm$	+	<u> </u>	
Tel no.									 				 ]			Mer	mbersh	lip nun	nber [										Fur	nd App	roval r	10.	ctor Fur		1	8 2		4	$\pm$	-	 	
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PAYE Reference no.	7																						F	SCA Re	egistrat	tion no.		1	2	1	8   /	0	0					1				1

## FORM B

Particulars of Fund (continued)			
Participating Employer Name			
Type of fund: Pension Provident	Pension Preservation     Provident Prese	rvation	
Postal Address			
			stal 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: Transfer Divorce - Transfer	Transfer Unclaimed Benefit	Par (eA) Transfer/ Payment Divorce - Member Spouse	Divorce – Non-Member Spouse
Resignation Withdrawal	Termination of Employment (Retrenchment)	Future Surplus Unclaimed Benefit	Security of Mortgage Bond Order / Housing Loan
Emigration Withdrawal Withdrawal due to Visa Ex	piry Cessation of SA Residence		
Gross amount of lump sum payment			
Date of accrual (CCYYMMDD) Date of	n which membership commenced (CCYYMMDD)	Date of divorce order (CCYYMM	DD)
If a public sector fund, the period, if any, during which the member was a member o	f another public sector fund:		
Date From (CCYYMMDD) Date To (CC	YYMMDD)	Completed years	
Period of employment taken into account in terms of the rules of the fund:(only app	licable to Public Sector funds)		
Date From (CCYYMMDD) Date To (CC	YYMMDD) =	Completed years	
In the case of a Provident fund:			
Total contributions by member to the fund <b>up to</b> 1 March 2016 (excluding profit and interest	st)	R	
Total contributions to the fund after 1 March 2016 (excluding profit and interest)			
Transfer from Pension Fund (after tax amount)		R	
Directive number for pension transfer		R	,
Transfer by Non-member spouse previously taxed		R	
If a policy of insurance is ceded to the member, state the surrender value as at date of ces	sion (for the purpose of paragraph 4(2)bis of the Second Schedule)		
Where member contributions to the fund have exceeded such amounts as allowed for ded	uction against income, state total amount of excess contributions	R	
Former AIPF member's contributions transferred to the fund		R	

Particulars of Transf	er																																														
Did the fund pay any portion o	f the lu	mp sı	ım payı	ment	into ar	nother	fund?	`	Yes		]	No																																			
If 'YES', state the registered name of the transferee fund																																															
The transferee fund type:	Pens	ion Fu	ind		Prov	/ident	Fund			Ret	ireme	nt Anı	nuity I	Fund		F	Pens	sion	Prese	ervat	tion F	und			Prov	/iden	t Pres	serva	ation F	Fund			Uncla	aimed	Pens	ion Pi	reserv	vation		U	nclaim	ied Pi	ovide	nt Pre	serva	ition	
Fund Approval no. (Applicable to Public Sector Funds)	1	8	2 0	)	4						]					FS	CA	Reg	jistrati	on n	0.	1	2	2 /	8	3	/ (	0	0						/					]							
Participating Employer Name																																															
E-mail address of transferee fund																																															
Tel no. of transferee fund																	С	ell n	no. of	trans	sfere	e func	1																								
Is the transferee fund a Public	Sector	Fund	? Ye	es	No		]															Amo	ount t	ransf	errec	l to th	ne tra	insfei	ree fu	nd	l	R														, [	
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State if the transfer of the bene	efit is si	ubject	to spec	cial c	onditio	ns. If	yes, co	onfirm	n the	appli	cable	provis	sion ir	n the f	fund n	ules.																															
							-																																								٦
Was there a partial withdrawal	taken	from t	his ben	efit i	n the p	reviou	IS OF CL	urrent	t fund	prior	r to thi	s pay	ment	?												Yes		No		]	(If ye	s, sta	ite the	e deta	ils bel	ow:)											
Date of partial withdrawal (CC	YYMN	IDD)		Τ							]															Amo	unt o	of par	tial wi	ithdra	wal	R														,	
Directive number									Ī																																						
Date of partial withdrawal (CC	YYMN	IDD)									]															Amo	unt o	f par	tial wi	ithdra	wal	R														, [	
Directive number																																															
Non Resident	Ser	vic	e Ro	en	der	ed	insi	ide	th	e	Rej	bub	olic	[S	ec	tio	n S	9(2	2)(i	)]																											
Were any services rendered in	nside /	outsid	e the R	Repul	olic dur	ing th	e perio	od of	memł	bersh	nip of	he fu	nd? `	Yes		No		]																													
Total number of months servic	es wer	e ren	dered w	vhile	contrib	uting	to fund	ł										]																													
Total number of months servic	otal number of months services were rendered inside the Republic while contributing to fund																																														
Total number of months servic	es wer	e ren	dered o	outsic	le the F	Reput	olic whi	le co	ntribu	iting t	to fun	ł																																			

Period of Employment in Public Secto	r Fund (excluding AIPF)
Date From (CCYYMMDD)	Date To (CCYYMMDD) = Completed years
The original amount attributed to the above period of membership in the public	ic sector fund (full benefit) R Date the amount was transferred from public sector fund (CCYYMMDD)
Date of transfer from first approved fund (CCYYMMDD)	Was the benefit received directly from a Public Sector Fund? Yes No
Did the previous Fund indicate the benefit was from a Public Sector Fund?	Yes No Public Sector fund directive number for the original transfer
Emigration Withdrawal	
Was an application for emigration recognised by the Reserve Bank?	Yes No
Is proof of a valid Tax Clearance certificate attached?	Yes No
Is the certificate of residence of the new country of residence attached?	Yes No
Please state date of emigration. (CCYYMMDD)	
Please note: if the answer to any of the above questions is "Yes", copies of the above questions is "Yes", copies of the above question of the above quest	he said documentation must be submitted as supporting documents to verify the validity of this request.
Cessation of SA Residence	

Certificate of residence Y/N Y N		
Document confirming cessation of residence Y/N Y N		
Date of Cessation of SA Residence (CCYYMMDD)		
Expiry of Working Visa		
Was the visa issued in terms of paragraph (b) or (i) of the definition of visa in section 1 of the Immigration Act, no. 13 of 2002?	Yes No	
Did the visa expire?	Yes No	
Did the member exit South Africa?	Yes No	

Please note: if the answer to any of the above questions is "Yes", copies of the said documentation must be submitted as supporting documents to verify the validity of this request.

Declaration			
I declare that the information furnished is true and correct in every respect.		Date (CCYYMMDD)	For enquiries go to www.sars.gov.za or call 0800 00 7277