



Request for a Tax Deduction Directive Retirement Annuity Funds

FORM C

FOR OFFICE USE

Application no. [grid]

Taxpayer Details

Taxpayer reference no. [grid] Year of Assessment ended on (CCYYMMDD) [grid]

Surname [grid]

Name(s) [grid]

[grid]

Initials [grid] Date of Birth (CCYYMMDD) [grid] Identity number [grid]

Passport/Permit no. [grid] Passport Country / Country of Origin (e.g. South Africa = ZAF) [grid]

If the taxpayer/member is not registered for income tax, select one of the following reasons: Unemployed [checkbox] Other [checkbox] Specify other [grid]

Annual income R [grid], [grid] Employee number [grid]

Is the taxpayer a non-resident? Yes [checkbox] No [checkbox] Is the certificate of residency (citizenship certificate where DTA is not applicable) attached? Yes [checkbox] No [checkbox]

Residential Address

[grid] Postal Code [grid]

Postal Address

[grid] Postal Code [grid]

Particulars of Fund

Registered Name of fund [grid]

Contact person [grid]

E-mail address [grid]

Tel no. [grid] Policy number [grid]

PAYE Reference no. 7 [grid] FSCA Registration no. 1 2 / 8 / 0 0 [grid] / 0 0 0 0 0 0 0 Type of fund: Retirement annuity [checkbox]

## Particulars of Fund (continued)

### Postal Address

	Postal Code

Indicate whether this fund is:  An approved fund  Other  Specify other

## Particulars of Gross Lump Sum Due

Reason for directive:

<input type="checkbox"/> Retirement	<input type="checkbox"/> Retirement due to ill health	<input type="checkbox"/> Death prior to Retirement	<input type="checkbox"/> Transfer prior to Retirement	<input type="checkbox"/> Discontinued Contributions	<input type="checkbox"/> Future Surplus
<input type="checkbox"/> Divorce - Member Spouse	<input type="checkbox"/> Divorce - Non-Member Spouse	<input type="checkbox"/> Divorce Transfer	<input type="checkbox"/> Emigration Withdrawal	<input type="checkbox"/> Withdrawal due to Visa Expiry	<input type="checkbox"/> Cessation of SA Residence

Date of accrual (CCYYMMDD)

Commencement date of policy (CCYYMMDD)

Date of death of member (if applicable) (CCYYMMDD)

Gross amount of lump sum payment (Including the amount deemed to be accrue in terms of par 2B of the Second Schedule) and amount attributed to Pre – 1 March 2021 Provident Fund vested rights plus growth)

R  ,

Total value of full annuity

R  ,

Amount distributed to non-member spouse in respect of divorce order (if date of accrual is before 1 March 2012)

Date of divorce order (CCYYMMDD)

R  ,

Amount attributed to Pre – 1 March 2021 Provident Fund vested rights plus growth

R  ,

Transfer by non-member spouse previously taxed

R  ,

On death of member prior to retirement from the fund before 1 October 2007: What amount would the taxpayer have derived in respect of the commutation of one-third of the annuity if he had Retired the day preceding his death?

R  ,

On death of member prior to retirement from the fund before 1 October 2007: State total contributions by member to the fund, accumulated at 7% compound interest to the date of death.

R  ,

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  ,

Where member contributions to the fund have exceeded such amounts as allowed for deduction against income, state total amount of excess contributions.

R  ,

If the amount is from a Provident Fund, indicate total provident fund contributions by member up to 1 March 2016.

R  ,

If the amount is from a Provident Fund, indicate total provident fund contributions after 1 March 2016.

R  ,

Transfer from Pension Fund (after tax amount)

R  ,

Directive number for pension transfer

**Particulars of Gross Lump Sum Due (continued)**

Was there a partial withdrawal amount taken from this benefit in the previous Fund? 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**

Did the fund transfer the benefit to another fund before retirement? Yes  No  Transferee fund type: Retirement fund  The amount transferred to the transferee fund R  ,

Name of transferee fund

E-mail address of transferee fund

Tel no. of transferee fund  Cell no. of transferee fund

FSCA Registration no. of transferee fund  **1 2 / 8 / 0 0** / **0 0 0 0 0 0**

Amount attributed to Pre – 1 March 2021 Provident Fund vested rights plus growth R  ,

Amount attributed to Post – 1 March 2021 Provident Fund value R  ,

State if the transfer/purchase of the annuities is subject to special conditions. If yes, confirm the applicable provision in the fund rules:

**Particulars of purchase of pension/annuity**

Is the fund paying the annuity? Yes  No  If yes, state the amount remaining in the fund to pay the annuity: R  ,

Did the fund purchase an annuity? Yes  No  If yes, state the particulars per annuity purchase:

**Particulars of purchase of pension/annuity (continued)**

**Pension/Annuity #1**

Annuity policy number

Amount utilised to purchase an annuity R ,

Indicate the type of annuity purchased:

Name of the registered long-term insurer where the annuity was purchased:

Email address of insurer

FSCA Registered Insurer no.

Tel no.

Cell no.

**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/Annuity #2**

Annuity policy number

Amount utilised to purchase an annuity R ,

Indicate the type of annuity purchased:

Name of the registered long-term insurer where the annuity was purchased:

Email address of insurer

FSCA Registered Insurer no.

Tel no.

Cell no.

**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.

**Particulars of purchase of pension/annuity (continued)**

**Pension/Annuity #3**

Annuity policy number  Amount utilised to purchase an annuity R ,

Name of the registered long-term insurer where the annuity was purchased:

Indicate the type of annuity purchased:

Email address of insurer

FSCA Registered Insurer no.  Tel no.  Cell no.

**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/Annuity #4**

Annuity policy number  Amount utilised to purchase an annuity R ,

Indicate the type of annuity purchased:

Name of the registered long-term insurer where the annuity was purchased:

Email address of insurer

FSCA Registered Insurer no.  Tel no.  Cell no.

**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.

## Period of Employment in Public Sector Fund (excluding AIPF)

Date From (CCYYMMDD)

Date To (CCYYMMDD)

 = 

Completed years

The original amount attributed to the above period of membership in the public sector fund (full benefit) R

, 

Date the amount was transferred from public sector fund (CCYYMMDD)

Date of transfer from first approved (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 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](http://www.sars.gov.za) or call 0800 00 7277.