



# Request for a Tax Deduction Directive After Retirement and Death - Annuity Commutations

FORM E

## FOR OFFICE USE

Application no.

## Taxpayer Details

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

Surname / Trust Name

Name(s)

Initials  Date of Birth / Registration (CCYYMMDD)  Identity number

Passport / Permit / Trust Deed no.  Passport Country / Country of Origin (e.g. South Africa = ZAF)

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

Annual income R ,

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

## Residential Address

Postal Code

## Postal Address

Postal Code

## Particulars of Fund/Insurer

Registered Name of Fund/Insurer

Indicate whether this fund/insurer is:  An approved fund  A public sector fund  Insurer  Other  Specify other

FSCA Registration no. **1 2 / 8 / 0 0** /  Fund Approval no. (Public Sector Funds only) **1 8 2 0 4** FSCA Registered Insurer no. **1 0 / 1 0 / 1 /**

Contact Person

E-mail address

FORM E

**Particulars of Fund/Insurer (continued)**

Tel no.

Policy No.

PAYE Reference no.

**Postal Address**

Postal Code

**Particulars of Gross Lump Sum Due**

Reason for directive:

Date of accrual (CCYYMMDD)

Gross amount of lump sum payment R  ,

Full value of annuity R  ,

Retirement interest at retirement date (only applicable for reason "Gn16 Existing Annuity Commutation") R  ,

Identity Number  Passport no. of original member

Full name(s) of original member

Was any value of the annuity or retirement interest previously commuted for a single payment? Yes  No

Member / Former Member benefit payable- Note: only applicable to reasons for directive: "Death – Member / Former Member after retirement", "GN16 Commutation" and "Par. (c) Living Annuity Commutation" Yes  No

Next Generation Annuitant benefit payable- Note: only applicable to reasons for directive "Next Generation Annuitant Commutation" or "Death – Next Generation Annuitant". Yes  No

Member's contributions not previously allowed as a deduction. R  ,

**Particulars of transfer**

Did the member elect to transfer to another insurer? Yes  No  If yes, state Insurer details below:

Registered Name of Insurer

FSCA Registered Insurer no.

Amount transferred R  ,

E-mail address of transferee insurer

Tel no of transferee insurer  Cell no. of transferee insurer

**Particulars of transfer (continued)**

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

Empty text box for special conditions.

**Particulars of pension/annuity purchase for a beneficiary/nominee**

If death of member / annuitant, please indicate whether any portion of the total value of the annuity was used to purchase an annuity for a beneficiary / nominee: Yes  No  (If an annuity/pension was purchased from another insurer, state the details below:)

Surname / Trust Name

Name(s)

Identity number Other Identity number / Trust Deed number

Annuity policy number Amount utilised to purchase an annuity R

Indicate the type of annuity purchased: Living Annuity Guaranteed Annuity

Taxpayer ref. no

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

E-mail address

FSCA Registration no. 1 0 / 1 0 / 1 / Tel no. Cell no.

Surname / Trust Name

Name(s)

Identity number Other Identity number / Trust Deed number

Annuity policy number Amount utilised to purchase an annuity R

Indicate the type of annuity purchased: Living Annuity Guaranteed Annuity

Taxpayer ref. no

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

E-mail address

FSCA Registration no. 1 0 / 1 0 / 1 / Tel no. Cell no.

**Particulars of pension/annuity purchase for a beneficiary/nominee (Continue)**

Surname / Trust Name																														
Name(s)																														
Identity number											Other Identity number / Trust Deed number																			
Annuity policy number											Amount utilised to purchase an annuity R											,								
Indicate the type of annuity purchased:	<input type="checkbox"/> Living Annuity					<input type="checkbox"/> Guaranteed Annuity																								
Taxpayer ref. no																														
Name of the registered long-term insurer where the annuity was purchased																														
E-mail address																														
FSCA Registration no.	1 0 / 1 0 / 1 /					Tel no.										Cell no.														
Surname																														
Name(s)																														
Identity number											Other Identity number																			
Annuity policy number											Amount utilised to purchase an annuity R											,								
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Name of the registered long-term insurer where the annuity was purchased																														
E-mail address																														
FSCA Registration no.	1 0 / 1 0 / 1 /					Tel no.										Cell no.														

**Non Resident Service Rendered inside the Republic [Section 9(2)(l)]**

Were any services rendered inside / outside the Republic during the period of membership of the fund?

Y  N

Total number of months services were rendered while contributing to fund

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Total number of months services were rendered inside the Republic while contributing to fund

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Total number of months services were rendered outside the Republic while contributing to fund

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**Declaration**

I declare that the information furnished is true and correct in every respect.

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Date (CCYYMMDD)

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For enquiries go to [www.sars.gov.za](http://www.sars.gov.za) or call 0800 00 7277