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A. On Be	hal	f of	Tra	ans	fer	rin	g F	unc	d																																						
1.Particu	ılar	s o	th	e T	ran	sfe	erri	ng	Fu	nd																																					
Registered Name																																								\mathbb{L}							
FSCA Registration no.	1	2	1	8	/							1																I	Fund /	Appro	val No	o. (App	olicable	e to P	ublic S	ector	Funds)	1	8	3 2	0	4					
Type of fund: (Mark the applicable block) Pension Fund								Provident Fund Retirement A									t Annı	uity Fu	y Fund Preservation Fund Provident Preservation										tion Fu	ınd																	
Indicate whether this fund/insurer is: Approved Fund							Publi	Public Sector Fund Other																																							
2. Partic	2. Particulars of Contact Person of the Transferring Fund																																														
Surname																																								\perp							
Name(s)																																								\mathbb{L}							
Tel no.																С	ell no																Fax n	ю. [\mathbb{L}							
E-mail address																																															
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3. Partic	ula	ars	of N	len	nbe	er o	r D	ivo	orce	ed	No	n-N	len	nbe	er S	ро	us	e																													
Tax Directive nur	nber o	f trans	er app	licatio	n	I							\Box		\perp						Tax	oayer	ref no	ο.			Ι	Ι	Ι	I	I											Tax '	Year				
Surname					Ι	Ι									I			Ι								\Box	Ι	Ι	Ι		I					I				I							
Name(s)				\perp	I		I	L							\Box		I			L									Ι	I							I	I		I	I						
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Initials																			Da	te of E	irth (CCYY	MMD)D) [lde	ntity i	numbe	r				I							
Passport/ Permit no.																																		Pas	ssport	Coun	try / C	ountry	of O	rigin ((e.g. S	South	Africa	= ZA	F)		
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3. Particulars of Member or Divorced Non-Mem	ber Spouse (continued)			
Reason for withdrawal/transfer				
Public Sector Fund (Only complete these dates if a Public Sector fund)	nmencement date of pensionable service (CCYYMMDD)	End date of pensionable s	service (CCYYMMDD)	
Indicate whether the current transfer is from a Public Sector Fund or from an Approved Fund:			Public Sector Fund	Approved Fund
Indicate whether the previous transfer was from a Public Sector Fund or from an Approved Fundamental Public Sector Fundamental Public	d (if applicable):	Public Sector Fund	Approved Fund	Not applicable
Amount of benefit representing pensionable service in the Public Sector Fund		R		
Date of Transfer from 1st Approved Fund (CCYYMMDD)	Directive number of original transfer			
Was the benefit received directly from the Public Sector Fund Y/N? Yes No.				
Did the Previous fund indicate the benefit was from a Public Sector Fund Y/N? Yes No				
4. Particulars of Benefit to be Transferred				
Amount of member's gross benefit		R		
Is this a Retirement Benefit Transfer?				Yes No
Amount to be transferred as reflected on the tax directive application		R		
Amount of benefit actually transferred (if the amount differs from the tax directive amount)		R		
Any additional amount following the tax directive issue date?		R		
Please provide reason for the difference between the directive and actual amount transferred				, ,
Total contributions by member to the fund up to 1 March 2016 (excluding profit and interest)		R		,
Total contributions to the fund after 1 March 2016 (excluding profit and interest)		R		,
Amount attributed to a Pre - 1 March 2021 Provident Fund vested rights plus growth		R		
Amount attributed to a Post - 1 March 2021 Provident Fund value Details of any portion of gross benefit not being transferred are as follows:		R		, .
Details of any portion of gross benefit not being translatied are as follows.				
Any conditions/instructions (add reference to the fund rule if applicable):				

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4. Particulars of Benefit to be Transferred (continued)						
If transferring from a pension/provident preservation fund, indicate if a previous partial withdrawal was taken from the	preservation fund? Yes No					
If yes, provide date of partial withdrawal (CCYYMMDD)		Amount of partial withdrawal R			\Box , \Box	
Indicate whether a tax directive had been applied for at SARS?	Yes No	If yes, provide the directive number				

5. Statement on behalf of Transferring Fund

- The value to be transferred as set out in section 4 will be paid by means of a transfer of the underlying assets by way of an electronic bank transfer, as soon as this recognition of transfer form is returned, fully completed, to the contact person referred in section 2;
- The necessary authority to effect such transfer has been received from SARS; and
- Confirmation of payment of the amount to be transferred will be provided as soon as this has been done.

Declaration		
I declare that the information furnished is true and correct in every respect. (Please also indicate the name and designation of the person signing on behalf of the transferring fund.) Date (CCYYMMDD)	Signature on behalf of the transferring fund. For enquiries go to www.sars.gov.za or call 0800 00 SARS (7277)	Official Stamp
Deslaustian Notes		

| Declaration Notes

- 6.1 The recognition of transfer form must be completed when a member transfers to another fund before retirement.
- 6.2 The administrator of the transferring fund may only transfer the amount to the receiving fund upon receipt of all the required information to complete the directive application form in full.
- 6.3 The transferring fund is responsible for ensuring that the benefit is transferred to an approved fund and that the information on Part A is provided to the receiving fund to enable the receiving fund to submit the completed recognition of transfer form to SARS, The receiving fund must submit the completed recognition of transfer form electronically to SARS within 30 calendar days of the transfer:
- 6.4 If this confirmation of the transfer is not submitted to SARS, the transfer will be deemed to be a cash withdrawal benefit and will be taxed accordingly.

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B. On bel	nalf	of R	ece	ivin	g Fui	nd																													
Amount received																								R										\Box .	
Amount reflected o	n the T	Tax Direct	tive app	lication	(if the am	ount di	ffers fron	n the ac	tual ar	nount red	eived):													R										J,́	
Any additional amo	unt fol	lowing the	e tax di	rective is	ssue date	?																		R										☐.́	
Please provide rea	son for	the diffe	rence b	etween	the direct	ive and	l actual a	ımount ı	used to	purchas	e an ar	nnuity																							
1. Partic	ula	rs of	the	Re	ceivi	ng F	und																												
Registered Name																																			
SCA Registration no.	1	2 /	8	1					1													Fund	Approv	al No.	. (Applica	ble to P	ublic Se	ctor Funds	1	8 2	0	4			
Membership Number																																			
Type of fund: (Mar	k the a	pplicable	block)	Per	nsion Fun	d				Provid	dent Fu	nd)			Re	tiremen	t Annui	ty Fund					Per	nsion P	reserva	tion Fund				Provide	nt Prese	ervation I	Fund
Indicate whether th	is fund	l/insurer i	s:	App	proved Fu	ınd				Public	Sector	r Fund						Other																	
2. Partic	ula	rs of	Co	ntac	t Per	son	of t	he F	lec	eivin	g F	und																							
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3. Partic	ula	re of	Ra	nk A	CCOL	int (or t	ne R	ece	aivin	n Eu	ınd																							
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Name of Bank						\perp										1			+			\perp		<u> </u>								\perp	+	+	
Branch Name					$\frac{1}{2}$										<u> </u>				\coprod			\perp		<u> </u>	$\perp \!\!\!\perp \!\!\!\!\perp$										
Branch no.												Accou	int no.	Щ	\perp	<u> </u>			$\perp \perp$	_	\perp	\perp	\coprod												
Reference no. for deposit (If applicable)																																			

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4. Statement on behalf of Receiving Fund

- The transfer benefit as set out in section A(4) will be applied for the benefit of the person specified in section A(3), in the fund as specified in section B(1);
- If any request is received to deal with the benefit as set out in section A(4) in any manner other than that set out in section A(4), including any request to cancel the transfer to the receiving fund, such request shall not be implemented by the receiving fund without the prior written consent of the transferring fund; and
- The information contained herein is correct and in particular, the banking details provided have been confirmed as correct.

Declaration		
I declare that the information furnished is true and correct in every respect. (Please also indicate the name and designation of the person signing on behalf of the receiving fund.)	Signature on behalf of the receiving fund.	Official Stamp
Date (CCYYMMDD)	For enquiries go to www.sars.gov.za or call 0800 00 SARS (7277)	

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