



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

**FORM A&D**

**FOR OFFICE USE**

Application no.

**Taxpayer Details**

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

Surname

Name(s)

Initials  Date of Birth (CCYYMMDD)  Identity number

Passport/Permit 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  ,  Employee number

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

**Residential Address**

Postal Code

**Postal Address**

Postal Code

**Particulars of Fund**

Registered Name of Fund

Contact Person

E-mail address

Tel no.  Membership number  Fund Approval no. (Applicable to Public Sector Funds)

PAYE Reference no.  FSCA Registration no.

**Particulars of Fund (continued)**

Participating Employer Name

Type of fund:

**Postal Address**

Postal Code

Indicate whether this fund is:    Specify other

**Particulars of Gross Lump Sum Due**

Reason for directive:

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) R  ,

Gross amount of total benefit R  ,

Amount attributed to a non-member's spouse in respect of divorce order R  ,

In case of a provident fund, total contributions by member to the fund up to 1 March 2016 (excluding interest and profit) R  ,

In case of a provident fund, total contributions to the fund after 1 March 2016 (excluding interest and profit) 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  ,

Former AIPF member's contributions transferred to the fund R  ,

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

Transferee 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

Cell no. of transferee fund

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

## 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

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

E-mail address of insurer

FSCA Registered Insurer no. **1 0 / 1 0 / 1 /**

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 Purchase Details (continued)**

Pension / annuity Policy number  Amount utilised to purchase a pension / annuity R  ,

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

E-mail address of insurer

FSCA Registered Insurer no.  1 0 / 1 0 / 1 /  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 Policy number  Amount utilised to purchase a pension / annuity R  ,

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

E-mail address of insurer

FSCA Registered Insurer no.  1 0 / 1 0 / 1 /  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 Purchase Details (continued)**

Pension / annuity Policy number  Amount utilised to purchase a pension / annuity R

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

E-mail 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.

State if the transfer / purchase of the annuities is subject to special conditions. Confirm the applicable provision in the fund rules.

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

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

Were any services rendered inside / outside the Republic during the period of membership of the fund? Yes  No

Total number of months services were rendered while contributing to fund

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

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

**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 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

**Details of Salary Earned (only applicable for date of accruals prior to 1 October 2007)**

Highest average salary earned by the taxpayer during any 5 consecutive years in the service of the employer during his membership of the fund:

|                      |                      |                    |                      |   |   |                      |   |                      |
|----------------------|----------------------|--------------------|----------------------|---|---|----------------------|---|----------------------|
| Date From (CCYYMMDD) | <input type="text"/> | Date To (CCYYMMDD) | <input type="text"/> | Salary  | R | <input type="text"/> | , | <input type="text"/> |
| Date From (CCYYMMDD) | <input type="text"/> | Date To (CCYYMMDD) | <input type="text"/> | Salary  | R | <input type="text"/> | , | <input type="text"/> |
| Date From (CCYYMMDD) | <input type="text"/> | Date To (CCYYMMDD) | <input type="text"/> | Salary  | R | <input type="text"/> | , | <input type="text"/> |
| Date From (CCYYMMDD) | <input type="text"/> | Date To (CCYYMMDD) | <input type="text"/> | Salary  | R | <input type="text"/> | , | <input type="text"/> |
| Date From (CCYYMMDD) | <input type="text"/> | Date To (CCYYMMDD) | <input type="text"/> | Salary  | R | <input type="text"/> | , | <input type="text"/> |
|                      |                      |                    |                      | <b>Total</b>  | R | <input type="text"/> | , | <input type="text"/> |
|                      |                      |                    |                      | Average for 5 years or lesser period if employee employed for lesser period       | R | <input type="text"/> | , | <input type="text"/> |
|                      |                      |                    |                      | <b>On death:</b> The member's salary during 12 months immediately preceding death | R | <input type="text"/> | , | <input type="text"/> |

**Note:** Salary includes any amount received or receivable annually under a contract of service including cost of living allowances, commission, shares of profits, etc., but not occasional bonuses or fees which were dependent on the whim of directors or employer.

**Particulars of Employer (only applicable for date of accruals prior to 1 October 2007)**

Name of Employer

PAYE ref no.

**Contact Person**

Surname

Initials  Tel no.

**Residential Address**

Postal Code

