



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

**FORM B**

**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.

**FORM B**

## 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:

Gross amount of lump sum payment R ,

Date of accrual (CCYYMMDD)

Date on which membership commenced (CCYYMMDD)

Date of divorce order (CCYYMMDD)

If a public sector fund, the period, if any, during which the member was a member of another public sector fund:

Date From (CCYYMMDD)  Date To (CCYYMMDD)  =  Completed years

Period of employment taken into account in terms of the rules of the fund:(only applicable to Public Sector funds)

Date From (CCYYMMDD)  Date To (CCYYMMDD)  =  Completed years

In the case of a Provident fund:

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 ,

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 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 ,

**Particulars of Transfer**

Did the fund pay any portion of the lump sum payment into another fund? Yes  No

If 'YES', state the registered name of the transferee fund

The transferee fund type:  Pension Fund  Provident Fund  Retirement Annuity Fund  Pension Preservation Fund  Provident Preservation Fund  Unclaimed Pension Preservation  Unclaimed Provident Preservation

Fund Approval no. (Applicable to Public Sector Funds)

FSCA Registration no.   /  /

Participating Employer Name

E-mail address of transferee fund

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

Is the transferee fund a Public Sector Fund? Yes  No  Amount transferred to the transferee fund R  ,

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

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 details 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

**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

## 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.

## 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