



Request for a Tax Deduction Directive Retirement Annuity Funds

FORM C

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 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. Policy number

PAYE Reference no. FSCA Registration no. Type of fund: Retirement annuity

FORM C

Version: v2017.00.16

Particulars of Gross Lump Sum Due (continued)

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**

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

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

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

Pension/Annuity #1

Annuity policy number

Amount utilised to purchase an annuity R ,

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

Email 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.

Particulars of purchase of pension/annuity (continued)

Pension/Annuity #2

Annuity policy number Amount utilised to purchase an annuity R ,

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

Email 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 #3

Annuity policy number Amount utilised to purchase an annuity R ,

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

Email 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.

Particulars of purchase of pension/annuity (continued)

Pension/Annuity #4

Annuity policy number Amount utilised to purchase an annuity R ,

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

Email 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.

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

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)

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For enquiries go to www.sars.gov.za or call 0800 00 7277.