





## 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 purchasing fund.)

Signature on behalf of the purchasing fund.

Official stamp

Date (CCYYMMDD)

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

## Notes

- 5.1 The recognition of purchase form must be completed when a retirement fund / insurer purchases a compulsory pension / annuity in the name of a member on retirement or in the name of a beneficiary / nominee in the case of 'death'.
- 5.2 The administrator of the transferring fund may only transfer the amount to the receiving fund / insurer upon receipt of all the required information necessary to complete the directive application form in full if the full benefit is not utilised to purchase pension / annuity.
- 5.3 The fund / insurer receiving the amount to purchase a compulsory pension / annuity is responsible for the submission of the completed recognition of purchase of the compulsory pension / annuity form **electronically** to SARS within 30 calendar days of the purchase.
- 5.4 If this confirmation of the purchase is not submitted to SARS, the purchase will be deemed to be a cash withdrawal benefit and will be taxed accordingly.



**B. On behalf of Receiving Insurer**

Amount received R  ,

Amount of benefit applied to purchase pension / annuity on directive application (if the amount differs from the actual amount received) R  ,

Any additional amount following the tax directive issue date? R  ,

Please provide reason for the difference between the directive and actual amount used to purchase an annuity

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**1. Particulars of Receiving Insurer**

Registered Name

FSB Registered Insurer no.  1 0 / 1 0 / 1 /

Policy number or other reference

Commencement date of the person's policy (CCYYMMDD)

**2. Particulars of Contact Person of the Receiving Insurer**

Surname

Name(s)

Company

Tel no.  Cell no.  Fax no.

E-mail address

**Postal Address**

Postal Code

**3. Particulars of Bank account of Receiving Insurer**

Account Holder Name																														
Name of Bank																														
Branch Name																														
Branch no.						Account no.																								
Reference no. for deposit (if applicable)																														

**4. Particulars of person/beneficiary in whose name the pension/annuity is purchased (In case of "Death of the Member/Former Member")**

Taxpayer ref no.																														
Surname																														
Name(s)																														
Initials						Date of Birth (CCYYMMDD)						Identity Number																		
Passport/Permit no.																Passport Country / Country of Origin (e.g. South Africa = ZAF)														
E-mail address																														
Cell no.																														

**5. Statement on behalf of Receiving Insurer**

- The pension/annuity as set out in paragraph A(4) will be applied for the benefit of the person specified in paragraph A(3)/[B(4) in the case of death of Member/Former Member], by way of an electronic bank transfer as soon as this recognition of purchase form is returned, fully completed, to the contact person referred to in section B(2).
- The pension/annuity shall be a life-long pension/annuity in the name of the person specified in paragraph A(3)/[B(4) in the case of death of Member/Former Member]. However, in the event of a child's pension/annuity the duration of the pension/annuity shall be in accordance with the conditions provided by the purchasing fund.
- If any request is received to deal with the benefit as set out in paragraph A(4) in any manner other than that set out in paragraph A(4), including any request to cancel the purchase to the insurer, such request shall not be implemented by the insurer without the prior written consent of the purchasing fund.

**Declaration**

<p>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 insurer.)</p>	<p>Signature on behalf of the receiving insurer.</p>	<p>Official stamp</p>
<p>Date (CCYYMMDD)</p>	<p>For enquiries go to <a href="http://www.sars.gov.za">www.sars.gov.za</a> or call 0800 00 SARS (7277)</p>	