



South African Revenue Service

Example of Recognition of Transfer (ROT) Information Template

ROT Information Template

A. On Behalf of Transferring Fund

1. Particulars of the Transferring Fund

Registered Name

FSCA Registration no. Fund Approval No. (Applicable to Public Sector Funds)

Type of fund: (Mark the applicable block)

Pension Fund
 Provident Fund
 Retirement Annuity Fund
 Pension Preservation Fund
 Provident Preservation Fund

Indicate whether this fund/insurer is:

Approved Fund
 Public Sector Fund
 Unclaimed Pension Preservation Fund
 Unclaimed Provident Preservation Fund
 Other

2. Particulars of Contact Person of the Transferring Fund

Surname

First Name(s)

Tel no. Cell no. Fax no.

E-mail address

Postal Address

Postal Code

3. Particulars of Member or Divorced Non-Member Spouse

Tax Directive number of transfer application Taxpayer ref no. Tax Year

Surname

First 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. Date of withdrawal/transfer from transferring fund as per directive (date of accrual)

3. Particulars of Member or Divorced Non-Member Spouse (continued)

Reason for withdrawal/transfer

Public Sector Fund (Only complete these dates if a Public Sector fund) Commencement date of pensionable service (CCYYMMDD) End date of pensionable 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 Fund (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? Yes No

Did the Previous fund indicate the benefit was from a Public Sector Fund? Yes No

4. Public sector fund information for Member or Divorced Non-Member Spouse

Public Sector Fund (Only complete these dates if a Public Sector fund) Commencement date of pensionable service (CCYYMMDD) End date of pensionable 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 Fund (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? Yes No

Did the Previous fund indicate the benefit was from a Public Sector Fund? Yes No

*Prior to the transfer, did the member take a cash withdrawal from the public sector fund? Yes No

If yes, please include the amount of the lump sum benefit taken: R ,

Directive number of lump sum benefit taken

AIPF member contributions? Yes No If yes, state the amount R ,

5. Particulars of Benefit to be Transferred

Amount of member's gross benefit R ,

Is this a Retirement Benefit Transfer? Yes No

Has seeding for member occurred? Yes No If no, please indicate what applies to the member, policy or product being transferred : Fund / Policy was exempt from seeding The member requires seeding as seeding has not taken place.

The member was 55 or older on 1 March 2021 and remained a member of the provident /provident preservation fund and; The member did not opt into Two-Pot The member opted in, but seeding has not been processed

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 ,

Is the reason for the difference between the directive and actual amount transferred per component the same? Yes No

If yes, please provide reason for the difference between the directive and actual amount transferred

If no, provide the reason for differences in the component breakdown:

Retirement to retirement

Tax Directive amount R ,

Actual amount transferred R ,

Additional amount R ,

Reason for difference

Savings to savings

Tax Directive amount R ,

Actual amount transferred R ,

Additional amount R ,

Reason for difference

Savings to retirement

Tax Directive amount R ,

Actual amount transferred R ,

Additional amount R ,

Reason for difference

Vested to retirement

Tax Directive amount R ,

Actual amount transferred R ,

Additional amount R ,

Reason for difference

5. Particulars of Two Pot Components to be Transferred

A) Amount to be transferred as reflected on the tax directive application

Amount in the Vested component transferred to Vested component	R	<input type="text"/>	,	<input type="text"/>
Amount in the Vested component transferred to Retirement component	R	<input type="text"/>	,	<input type="text"/>
Amount in the Retirement component transferred to Retirement component	R	<input type="text"/>	,	<input type="text"/>
Amount in the Savings component transferred to Savings component	R	<input type="text"/>	,	<input type="text"/>
Amount in the Savings component transferred to Retirement component	R	<input type="text"/>	,	<input type="text"/>

B) Amount(s) of benefit actually transferred (if the amount differs from the tax directive amount)

Amount in the Vested component transferred to Vested component	R	<input type="text"/>	,	<input type="text"/>
Amount in the Vested component transferred to Retirement component	R	<input type="text"/>	,	<input type="text"/>
Amount in the Retirement component transferred to Retirement component	R	<input type="text"/>	,	<input type="text"/>
Amount in the Savings component transferred to Savings component	R	<input type="text"/>	,	<input type="text"/>
Amount in the Savings component transferred to Retirement component	R	<input type="text"/>	,	<input type="text"/>

C) Any additional amount(s) following the tax directive issue date?

Amount in the Vested component transferred to Vested component	R	<input type="text"/>	,	<input type="text"/>
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Please provide reason for the difference between the directive and actual amount transferred

Amount in the Vested component transferred to Retirement component	R	<input type="text"/>	,	<input type="text"/>
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Please provide reason for the difference between the directive and actual amount transferred

Amount in the Retirement component transferred to Retirement component	R	<input type="text"/>	,	<input type="text"/>
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Please provide reason for the difference between the directive and actual amount transferred

Amount in the Savings component transferred to Savings component	R	<input type="text"/>	,	<input type="text"/>
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Please provide reason for the difference between the directive and actual amount transferred

Amount in the Savings component transferred to Retirement component	R	<input type="text"/>	,	<input type="text"/>
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Please provide reason for the difference between the directive and actual amount transferred

6. Statement on behalf of Transferring Fund

- The value to be transferred as set out in section 4 or 5 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.)

Signature on behalf of the transferring fund.

Official Stamp

Date (CCYYMMDD)

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

7. Declaration Notes

- 7.1 The recognition of transfer form must be completed when a member transfers to another fund before retirement.
- 7.2 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.
- 7.3 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:
- 7.4 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.

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)

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