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If the taxpayer/mem	ber is	not reg	istered	for inc	ome ta	ix, prov	vide re	eason	(s):											Prov	ide re	eason	(s)																							
Annual income R														ſ						Emplo	oyee	numbe	er																							
Is the taxpayer a no	on-resid	dent?	Yes		No			ls th	ne cer	tificate	e of re	siden	cy (cit	, L	hip ce	rtifica	te onl	y whe	ere D)TA is	not a	pplica	able) a	ttache	d?	Yes		No																		
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PAYE Reference no.	7								7		. 1	I]								_					FS	CA R	egistr	ation r	o. 🔽				1		_						1	<u> </u>	<u> </u>		

Particulars of Fund (continued)	
Participating mployer Name	
Type of fund: Pension Provident Pension Preservation Provident Preservation	rvation
Postal Address	
	Postal Code
ndicate whether this fund is: A public sector fund An approved fund Other Specify other	
Particulars of Gross Lump Sum Due	
Reason for directive: Retirement Retirement due to ill-health Death before Retirement Provident F	Fund Deemed Retirement Unclaimed death benefits
Voluntary Transfer before Retirement [Par 2(1)(c)] Involuntary Transfer before Retirement [Par 2(1)(c)]	
Date of accrual (CCYYMMDD)	
Gross amount of lump sum payment (Including the amount deemed to accrue in respect of par 2(1)(b) of the Second Schedule, amount attributed to Pre – 1 March 2021 Provident Fund vested rights plus growth and the value in the savings component deemed to be a par 2(1)(a) of the Second Schedule)	R
Gross amount in Vested component	R
Gross amount in Retirement component	\mathbf{R}
Gross amount in Savings component	\mathbf{R}
Total Value of Gross Benefit on Retirement	
Amount attributed to a non-member's spouse in respect of divorce order	R
Amount attributed to Pre – 1 March 2021 Provident Fund vested rights plus growth	
In case of a provident fund, total contributions by member to the fund up to 1 March 2016 (excluding interest and profit)	
In case of a provident fund, total contributions to the fund after 1 March 2016 (excluding interest and profit)	\mathbf{R}
Transfer from Pension Fund (after tax amount)	
Directive number for pension transfer	
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 For Official Use
Where member contributions to the fund have exceeded such amounts as allowed for deduction against income, state total amount of excess contributions.	R For Official Use
Former AIPF member's contributions transferred to the fund	R For Omicial Use
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 Date From (CCYYMMDD) Date To (CCYYMMDD) Date To (CCYYMMDD) Completed years Was there a partial withdrawal taken from this benefit in the previous or current fund prior to this payment? Yes No If "WCF" abte the perioder No No No No
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) Date From (CCYYMMDD) Date To (CCYYMMDD) Completed years Was there a partial withdrawal taken from this benefit in the previous or current fund prior to this payment? Yes No
If "NO", state the period of membership of this fund during which contributions were made: Date From (CCYYMMDD) Date To (CCYYMMDD) Was there a partial withdrawal taken from this benefit in the previous or current fund prior to this payment? Yes
Date From (CCYYMMDD) Date To (CCYYMMDD) = Completed years Was there a partial withdrawal taken from this benefit in the previous or current fund prior to this payment? Yes No
Was there a partial withdrawal taken from this benefit in the previous or current fund prior to this payment? Yes No
If "VES" atota the particulare helper
If "YES", state the particulars below:
Date of partial withdrawal (CCYYMMDD)
Directive number
Date of partial withdrawal (CCYYMMDD)
Directive number
Particulars of Transfer before Retirement
Did the fund transfer the retirement benefit to another fund before retirement? Yes No
Transferee fund type: Pension Fund Provident Fund Retirement Annuity Fund Pension Preservation Fund Provident Preservation Fund
The amount transferred to the transferee fund R
Name of transferee fund Image: Sector Sect
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
Amount attributed to Post – March 2021 Provident Fund value
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
Indicate the type of annuity purchased: Living Annuity Guaranteed Annuity
Name of the registered long- term insurer where the pension/anuity was
pension/annuity was purchased
E-mail address of insurer
FSCA Registered Insurer no. 1 0 / 1 0 / 1 / 1 0 / 1 / 1 0 / 1 / 1 0 / 1

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Policy number															J															,								<u> </u>				, L	
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Name of the registered long- term insurer where the pension / annuity was																										
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Death prior to retirement, the	following fields are	also mand	datory for t	his purchas	se:																					
Surname																										
First Name(s)																										
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Taxpayer reference no.																										
State if the transfer / purchase of	of the annuities is su	ibject to spe	cial conditi	ons. Confirm	n the ap	plicable	provision i	n the fu	nd rule	s.																
Is the fund paying an annuity?	Yes No	0						lf	yes, st	ate the a	amount	remainir	ig in the	fund t	to pay th	e annuil	ity		R							,
Non Resident S	Service Re	ndere	d insi	de the	Rep	oubli	ic [Se	ectio	on 9	(2)(i)]															
Were any services rendered ins	side / outside the Re	əpublic durir	ng the perio	d of membe	rship of	the fund	l? Ye	es	No																	
Total number of months service	es were rendered wh	ile contribut	ing to fund																							
Total number of months service	es were rendered ins	ide the Rep	ublic while	contributing	to fund																					
Total number of months service	es were rendered ou	tside the Re	public while	e contributin	g to fun	d																				
Period of Emplo	oyment in l	Public	Sector	Fund ((excl	udin	g AIPF	-)																		
Date From (CCYYMMDD)				Date To	(CCYYI	MMDD)						=		C	Complete	ed years	6									
The original amount attributed t	to the above period o	of membersł	hip in the p	ublic sector f	fund (ful	ll benefit) R],[
Date the amount was transferred public sector fund (CCYYMMDE	d from D)									Public S	Sector fu	und dired	tive nun	nber f	or the or	iginal tra	ansfer									
Date of transfer from first appro	oved fund (CCYYMM	iDD)																								
Was the benefit received directly	ly from a Public Sect	or Fund?			Yes	N	0																			
Did the previous Fund indicate t	the benefit was from	a Public Se	ctor Fund?		Yes	N	o																			

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

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