

Request for a Tax Deduction Directive Pension and Provident Funds on Retirement/Death before Retirement

South African Revenue Service

FOR OFFICE USE	

Appl	ication	no.

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Particulars of Fund (continued)	
Participating Employer Name	
Type of fund: Pension Provident Pension Provident Preservation	ation
Postal Address	
	Postal Code
Indicate 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 Provider	nt Fund Deemed Retirement Transfer before Retirement [Par 2(1)(c)] Unclaimed death benefits
Date of accrual (CCYYMMDD) Date on which the member became a member of the fund (CCYYMMDD)	
Gross amount of lump sum payment (Including the amount deemed to accrue in respect of par 2B of the Second Schedule and amount attributed to Pre – 1 March 2021 Provident Fund vested rights plus growth)	
Gross amount of total benefit	
Amount attributed to a non-member's spouse in respect of divorce order	
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)	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	
Transfer by non-member spouse previously taxed	
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

Particulars of Gross Lump Sum Due (continued)	
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 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: Retirement Annuity Fund Pension Preservation	n Fund Provident Preservation 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 Cell no. of transferee fund	
FSCA Registration no. of transferee fund 1 2 / 8 / 0 <td></td>	
Amount attributed to Post – March 2021	
Provident Fund value	
Pension/Annuity Purchase Details	
Pension/Annuity Purchase Details Did the fund purchase a pension / annuity Yes No If "YES", state the particulars per pension / annuity purchase:	
Did the fund purchase a pension / annuity? Yes No If "YES", state the particulars per pension / annuity purchase:	
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Did the fund purchase a pension / annuity? Yes No If "YES", state the particulars per pension / annuity purchase: Pension / annuity Pension / annuity Amount utilised to purchase a pension / annuity R	

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Indicate the type of annuity p	urchase	ed: (Livin	ıg Annı	uity		G	iuarantee	ed Ann	uity																										
Name of the registered long- term insurer where the																																				
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First Name(s)																																				
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Pension/Annuity Purchase Details (continued)	
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 / annuity was purchased	
E-mail address of insurer	
FSCA Registered Insurer no. 1 0 / 1 0 / 1 1 0 / 1 1 / Tel no. Tel no.	
Death prior to retirement, the following fields are also mandatory for this purchase:	
Surname	
First Name(s)	
Identity Number Date of Birth (CCYYMMDD) Passport / Permit no.	
Taxpayer reference no.	
State if the transfer / purchase of the annuities is subject to special conditions. Confirm the applicable provision in the fund rules.	
Is the fund paying an annuity? Yes No	
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 directive number for the original transfer Public Sector fund (CCYYMMDD) Image: Comparison of the original transfer	
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	

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

Highest ave	rage	salary	earne	d by th	e taxpa	ayer dur	ing any 5	conse	ecutive y	ears i	n the se	ervice	of the	empl	oyer o	luring	his me	embe	rship o	of the f	und:																							
Period 1 (C	CYY)						4																				Sala	ry	R													, [
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Note: Sala	iry ind	cludes	any a	mount	receive	ed or red	ceivable a	annuall	y under	a cor	itract of	servi	ce incl	uding	cost	of livin	ig allov	wance	es, cor	nmiss	ion, sh	ares	of pro	fits, et	c., bu	t not o	ccasio	onal b	onuses	s or fe	es whi	ch we	re de	pende	nt on	the wh	nim of	f direc	tors or	empl	oyer.			
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