

## Request for a Tax Deduction Directive Pension and Provident Funds - Events Before Retirement or Death

FORM B

																																										J
Application no.																																										
Тахрауе	r De	tails																																								
Taxpayer reference no.											Yea	r of Ass	sessm	ent en	ded on	(CCY	Y)																									
Surname																																						$\Box$				
First Name(s)																																					$\perp$					
Initials						Da	ate of I	Birth (	CCYY	MMD	))							Id	entity r	numbe	r																					
Passport/ Permit no.																•		•	Pass	sport C	ountry	/ Cour	ntry of C	Origin (	e.g. So	uth Afri	ica = Z	AF)														
If the taxpayer/mer	mber is	not reg	istered	for incor	me tax	, provi	de rea	ason(s	):									Provi	de Rea	son(s)															$\top$	$\top$	$\top$	T				
Annual income R	2					$\top$							] [					Emp	loyee n	numbe											$\exists$							_				
Is the taxpayer a no	s the taxpayer a non-resident? Yes No Is the certificate of residency (citizenship certificate only where DTA is not applicable) attached? Yes No																																									
Postal Addre	ess																																									
																																					I					
															Т																						Т					
															Ī																•	Posta	al Code	9			Ŧ	Ī				
Particula	irs (	of Fu	nd									'																														
Registered Name of Fund					$\top$					$\top$																									$\overline{}$	$\top$	$\top$	$\overline{\mathbf{I}}$				
Contact Person					$\perp$																														$\overline{\top}$	$\overline{}$	Ŧ	T				
E-mail address					$\pm$	<del> </del>				$\frac{1}{1}$		+		$\frac{\perp}{\parallel}$						$\frac{\perp}{\parallel}$															$\pm$	$\pm$	十	$\pm$				$\Box$
			_		_																$\perp$		_		$\vdash$										<del>===</del>	$\pm$	<del>+-</del>					+
Tel no.													M	embers	ship nu	ımber															PAY	E Refe	rence	no.	7							
Tel no. Fund Approval no.	1	8 2	2 0	4	<u> </u>				<u> </u>				M	embers	ship nu	ımber						EC.	CA Dec	introti-	on no.of	fund	1	2	1	8		E Refe		no.	7	<u> </u>		0	0	0	0 0	0 0

Particulars of Fund / Employer (continued)															
Participating Fund Employer Name															
Type of fund: Pension Provident Pension	on Preservation Provident Preservation														
Postal Address															
	Postal Code Postal Code														
Indicate whether this fund is:  A public sector fund  An approved fund	Other Specify other Specify other														
Particulars of Gross Lump Sum Due															
Reason for directive: Transfer Divorce - Transfer	Par (eA) Transfer/ Payment														
Transfer Unclaimed Benefit Divorce - Member Spouse	Divorce – Non-Member Spouse Resignation Withdrawal Termination of Employment (Retrenchment)														
Future Surplus Emigration Withdrawal	Withdrawal due to Visa Expiry Cessation of SA Residence Unclaimed Benefit Security of Mortgage Bond Order / Housing Loan														
Two Pot-Transfer: All Components (Inter-Fund Transfer)	Two Pot-Divorce Transfer: All Components (Inter-Fund Transfer)														
Gross amount of lump sum payment R															
Date of accrual (CCYYMMDD)  Date on which men	ch membership commenced (CCYYMMDD)  Date of divorce order (CCYYMMDD)														
If a public sector fund, the period, if any, during which the member was a member of another public sector fund:															
Date From (CCYYMMDD) Date To (CCYYMMDD)	Completed years														
Period of employment taken into account in terms of the rules of the fund:(only applicable to Public S	Sector funds)														
Date From (CCYYMMDD)  Date To (CCYYMMDD)	Completed years														
In the case of a Provident fund:															
Total contributions by member to the fund <b>up to</b> 1 March 2016 (excluding profit and interest)															
Total contributions to the fund after 1 March 2016 (excluding profit and interest)															
Transfer from Pension Fund (after tax amount)															
Directive number for pension transfer															
Transfer by Non-member spouse previously taxed															
Indicate Two Pot transfer values:  Gross amount in Vesting component															
Gross amount in Retirement component															
Gross amount in Savings component															

Particulars of G	iros	s L	ump	Su	ım C	Due	(Co	ntir	nued	)																														
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)																																								
Where member contributions to the fund have exceeded such amounts as allowed for deduction against income, state total amount of excess contributions																																								
Former AIPF member's contr	ributio	ns trai	nsferred	to the	e fund																	F	٦									T	T			$\Box$				
Particulars of Transf	er																																							
old the fund pay any portion of the lump sum payment into another fund? Yes No																																								
If 'YES', state the registered name of the transferee fund																																						$\prod$		
The transferee fund type:																																								
Fund Approval no.	1 8 2 0 4 FSCA Registration no. 1 2 / 8 / 0 0 /																																							
Participating Employer Name																					T											十	Ť	Ť		$\top$		$\prod$		
					İ					Ť								İ					Ť				Ť		T		Ť	Ŧ	Ī	Ī			Ť	T		
E-mail address of transferee fund																					Ì	Ì										Ī		Ī		Ì		Ī		
Tel no. of transferee fund	no. of transferee fund  Cell no. of transferee fund																																							
Is the transferee fund a Public	the transferee fund a Public Sector Fund? Yes No Amount transferred to the transferee fund R																																							
	Amount attributed to Pre – 1 March 2021 Provident Fund vested rights plus growth R , , , , , , , , , , , , , , , , , ,																																							
Amount attributed to Post – March 2021 Provident Fund value											$\overline{\Box}$	$\pm$	$\pm$	$\Box$	, <sub>_</sub>																									
	Specify the values of the amounts pertaining to Two Pot transfers																																							
												Am	ount in	the Ve	ested	comp	oonent	tran	sferred	to Ves	sted co	mpon	ent				R					$\perp$			$\perp$	$\perp$	$\perp$		, L	
												Amo	ount in t	he Ve	sted c	ompo	onent t	trans	ferred t	o Retir	remen	t comp	onent				R								Ш				,	
												Amo	ount in t	the Re	etireme	ent co	ompor	nent t	ransfer	red to	Retire	ment c	ompo	nent			R	2											,	
												Amo	ount in t	he Sav	vings	comp	onent	trans	sferred	to Sav	vings o	ompor	nent				R	2												
												Amo	ount in t	the Sa	avings	com	ponen	t tran	sferred	to Re	tireme	nt com	nponei	nt			R	2					T			T			[	
State if the transfer of the benefit is subject to special conditions. If yes, confirm the applicable provision in the fund rules.																																								
Sales in the definition of the posterior of posterior in the deprecion of the fallow																																								
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 details below:)																																								
Date of partial withdrawal (CC	CYYMI	MDD)		$\top$		Τ				٦												A	Amoun	t of pa	artial w	vithdra	wal <b>R</b>	2											. [	
Directive number			F	$\dagger$					$\top$	_						7																							, –	
Date of partial withdrawal (CC	te of partial withdrawal (CCYYMMDD)  Amount of partial withdrawal R																																							
Directive number			Ī	Ť		İ				Ī																				•									, –	

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)  Date To (CCYYMMDD)  Completed years
The original amount attributed to the above period of membership in the public sector fund (full benefit)  R
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
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.
Cessation of SA Residencey
Certificate of residency ( Y/N) Y N
Document confirming cessation of residency (Y/N) Y N N
Date of Cessation of SA Residency (CCYYMMDD)

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 No
Did the visa expire?	Yes No No
Did the member exit South Africa?	Yes No No
Please note: if the answer to any of the above questions is "Yes", copies of the said documentation	n 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)  For enquiries go to www.sars.gov.za or call 0800 00 7277