

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

FORM B

South African Revenue Service	Pension and Provident Funds - Even
FOR OFFICE USE	

Application no.																																												
Тахрауе	<b>Deta</b>	ils																																										
Taxpayer reference no.											Year	of Ass	sessn	nent end	ed o	n (CC	YY)																											
Surname																																												
First Name(s)																																												
Initials						Dat	te of E	Birth (	CCYY	MMDE	0)								Identi	ty num	nber																							
Passport/ Permit no.																			P	asspo	rt Cou	ıntry /	Cour	ntry o	f Origir	n (e.g.	South	Afric	a = Z/	AF)														
If the taxpayer/mem	ber is not	register	ed for	incom	e tax, p	orovid	e reas	son(s)	:									Pro	vide F	Reasor	n(s)																							
Annual income R																		Em	ploye	e num	nber																							
Is the taxpayer a no	n-residen	t? \	Yes	N	lo			ls the	certific	cate of	reside	ncy (ci	tizens	ship cert	ificat	e only	where	e DTA	is no	t appli	icable)	) attac	ched?	Ye	es	N	0																	
Residential	Addre	ss																																										
																																					$\perp$					$\Box$		
																																		Pos	stal Co	de						$\Box$		
Postal Addre	ss																																											
																																		Pos	stal Co	de								
Particula	<b>rs</b> of	Func	l																																									
Registered Name of Fund																																												
Contact Person																																												
E-mail address																																												
Tel no.																Men	bersh	nip nui	mber											Fu (A	nd Appoplicab	proval le to P	l no. Public	Secto	r Funds	s) <b>1</b>	1 8	2	0	4				
PAYE Reference no.	7																							FSC	CA Reg	gistrat	ion no.		1	2	1	8	1	0	0					1				

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Particulars of Fund (continued)	
Participating Employer Name	
Type of fund: Pension Provident Pension Provident Preservation Provident Preservation	vation
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	
	Par (eA) Transfer/ Payment Divorce - Member Spouse Divorce - Non-Member Spouse  Future Surplus Security of Mortgage Bond Order / Housing Loan
Gross amount of lump sum payment R Date of accrual (CCYYMMDD) Date on which membership commenced (CCYYMMDD)  If a public sector fund, the period, if any, during which the member was a member of another public sector fund:	Date of divorce order (CCYYMMDD)
Date From (CCYYMMDD)  Period of employment taken into account in terms of the rules of the fund:(only applicable to Public Sector funds)  Date From (CCYYMMDD)  Date To (CCYYMMDD)  Date To (CCYYMMDD)  In the case of a Provident fund:	Completed years  Completed years
Total contributions by member to the fund <b>up to</b> 1 March 2016 (excluding profit and interest)  Total contributions to the fund <b>after</b> 1 March 2016 (excluding profit and interest)	R
Transfer from Pension Fund (after tax amount)	R , ,
Directive number for pension transfer	R
Transfer by Non-member spouse previously taxed	
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 , , ,
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 contributions transferred to the fund	R

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Particulars of Transfer	
Did 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	
The transferee fund type: Pension Fund Provident Fund Pension Fund Pension Preservation Fund	d Provident Preservation Fund Unclaimed Pension Preservation Unclaimed Provident Preservation
Fund Approval no. (Applicable to Public Sector Funds)  FSCA Registration no.	1 2 / 8 / 0 0
Participating Employer Name	
E-mail address of transferee fund	
Tel no. of transferee fund  Cell no. of transferee fu	and San
Is the transferee fund a Public Sector Fund? Yes No	mount transferred to the transferee fund R ,
A P	mount attributed to Pre – 1 March 2021 rovident Fund vested rights plus growth
A P	mount attributed to Post – March 2021 R
State if the transfer of the benefit is subject to special conditions. If yes, confirm the applicable provision in the fund rules.	, , , , , , , , , , , , , , , , , , , ,
otate if the transfer of the benefit is subject to special conditions. If yes, commit the applicable provision in the fund rules.	
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 (CCYYMMDD)	Amount of partial withdrawal R
Directive number	
Date of partial withdrawal (CCYYMMDD)	Amount of partial withdrawal R
Directive number	
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	

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Period of Employment in Public Sector Fund (excluding AIPF)
Date Tro (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 the amount was transferred from public sector fund (CCYYMMDD)
Date of transfer from first approved fund CCYYMMDD)  Was the benefit received directly from a Public Sector Fund?  Yes No
Public Sector fund directive number for the original transfer
Emigration Withdrawal
Vas an application for emigration recognised by the Reserve Bank?  Yes No
s proof of a valid Tax Clearance certificate attached?
s 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
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 Yes No Immigration Act, no. 13 of 2002?
Did the visa expire?  Yes No
Did the member exit South Africa?  Yes  No
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.
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

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