

## Request for a Tax Deduction Directive Retirement Annuity Funds



**FOR OFFICE USE** 

		_	-

Application no.

	<b>D</b> -	4 - 1			
Taxpaver	De	1EII	s		

Taxpayer reference no.													Year	of Ass	essme	ent en	ded o	n (CC)	YY)	[																			
Surname																																							
First Name(s)																																							
Initials					Da	ate of I	Birth ((	CCYYN	MMDD	)								Identi	ity nur	nber																			
Passport/ Permit no.																			Pass	port Co	untry /	/ Cou	ntry of	Origir	n (e.g.	South	n Africa	a = Z/	(F)										
If the taxpayer/mem	iber is not	register	ed for inc	ome ta	x, provid	de rea	asons:										Ρ	rovide	Reas	on(s)																			
Annual income R												],					Emp	loyee	numb	er																			
Is the taxpayer a no	n-residen	t? Yo	es	No			Is the	certific	ate of	resid	ency (	citizer	nship (	certifica	ate wh	ere D	TA is	not ap	plicab	ole) atta	ched?	Ye:	5		No		]												
Postal Addre	SS																																						
																																	Post	al Coo	de				
Particula	rs of	Fun	d																																				
Registered Name of Fund /						1					_																			_	_	1				 _		 	
Name of Fund / Insurer																																							
Contact person																																							
E-mail address																																							

PAYE Reference no. 7

FSCA Registration no. of fund

Tel no.

Type of fund: Retirement annuity

1 2 / 8 / 0 0

Policy number

/ 0 0 0 0 0 0

Particulars of Fund (continued)	
Postal Address	
	Postal Code
Indicate whether this fund is: An approved fund	
Particulars of Gross Lump Sum Due	
Reason for directive: Retirement Retirement due to ill health Death prior to Retirement Transfer prior to Retirement	Discontinued Contributions Future Surplus
Divorce - Member Spouse   Divorce - Non-Member Spouse   Divorce Transfer   Emigration Withdrawal	Withdrawal due to Visa Expiry     Cessation of SA Residence
Transfer Prior to Retirement - Two Pot – Transfer: All Components (Inter-Fund Transfer)   Divorce Transfer - Two Pot – Transfer	er: All Components (Inter-Fund Transfer)
Date of accrual (CCYYMMDD) Commencement date of policy (CCYYMMDD) Date of death of member (if applicable) (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	R
rights plus growth and the value in the savings component deemed to be a par 2(1)(a) of the Second Schedule) Gross amount in Vested component	R
Gross amount in Retirement component	R
Gross amount in Savings component	R
Total Value of Gross Benefit on Retirement (this value is the sum of the Vested, Retirement and Savings component values above)	R , ,
Total value of full annuity	R
Indicate Two Pot transfer values	
Gross amount in Vested component	R , ,
Gross amount in Retirement component	R
Gross amount in Savings component	R ,
Amount distributed to non-member spouse in respect of divorce order (if date of accrual is before 1 March 2012)	R , ,
Date of divorce order (CCYYMMDD)	
Amount attributed to Pre – 1 March 2021 Provident Fund vested rights plus growth	R
Transfer by non-member spouse previously taxed	R , ,
On death of member prior to retirement from the fund before 1 October 2007: What amount would the taxpayer have derived in respect of the commutation of one-third of the annuity if he had Retired the day preceding his death?	R , ,
On death of member prior to retirement from the fund before 1 October 2007: State total contributions by member to the fund, accumulated at 7% compound interest to the date of death.	R
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.	R,,

Particulars of	Gro	SS	Lun	np	Sur	n D	Due	(CC	onti	nu	ed)	)																									
If the amount is from a Provide	ent Fui	nd, inc	licate to	otal p	orovider	nt fund	d contri	ibutior	ns by r	nemb	er up	<b>o to</b> 1	Marc	h 201	6.													R								],	
If the amount is from a Provide	nt Fun	d, ind	icate to	otal p	roviden	it fund	l contril	bution	is afte	r 1 M	arch 2	2016.																R								],	
Transfer from Pension Fund (a	ifter ta	( amo	unt)																									R								],	
Directive number for pension tr	ansfer																																				
Was there a partial withdrawal	l amou	nt tak	en from	n this	benefi	t in th	e previ	ous F	und?		Ye	es	N	0																							
If yes, state the particulars b Date of partial withdrawal (CCYYMMDD)	elow:																					Amou	int of	partia	al with	drawa	R								,		
Directive number																																					
Date of partial withdrawal (CCYYMMDD)																						Amou	int of	partia	al with	drawa	R								],		
Directive number																																					
Particulars of trans	fer																																				
Did the fund transfer the benef	it to ar	other	fund b	efore	e retiren	nent?									Yes		No		]																		
Particulars of transfe	er (#1	)																																			
Transferee fund type:	Retir	emen	t Annui	ity fu	nd																																
Name of transferee fund																																					
E-mail address of transferee fund																																					
Tel no. of transferee fund																	Cell	no. of	f trans	feree fu	und																
FSCA Registration no. of transferee fund	1	2	/ 8	3 /	/ 0	0						/ 0	) 0	0	0	0	0																				
The amount transferred to the	transfe	eree fu	und																R												. [						
Amount attributed to Pre – 1 M	larch 2	2021 F	Provide	nt Fu	und ves	ted rig	ghts plu	us gro	wth										R												Í						
Amount attributed to Post – 1	March	2021	Provid	ent F	Fund va	lue													R												, [						
Specify the Two Pot transfer	r value	S																										 _	 	 		 					
Amount in the Vested compon	ient tra	nsferr	red to V	/este	ed comp	onen	t												R												,						
Amount in the Vested compone	ent tra	nsferre	ed to R	etire	ment co	ompor	nent												R												,						
Amount in the Retirement com	ponen	t trans	ferred	to Re	etireme	nt cor	nponer	nt											R												, [						
Amount in the Savings co	ompo	nent	transf	ferre	ed to S	Savin	gs coi	mpoi	nent										R												, [						
Amount in the Savings co	ompo	nent	transf	ferre	ed to F	Retire	ement	com	npone	nt									R												,						

Particulars of transfer (#2)	
Transferee fund type: Retirement annuity fund	
Name of transferee fund	
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   0   /   0 <td></td>	
The amount transferred to the transferee fund	
Amount attributed to Pre – 1 March 2021 Provident Fund vested rights plus growth	
Amount attributed to Post – 1 March 2021 Provident Fund value	
Specify the Two Pot transfer values	
Amount in the Vested component transferred to Vested component	R A A A A A A A A A A A A A A A A A A A
Amount in the Vested component transferred to Retirement component	
Amount in the Retirement component transferred to Retirement component	
Amount in the Savings component transferred to Savings component	R
Amount in the Savings component transferred to Retirement component	
Particulars of transfer (#3)	
Transferee fund type: Retirement annuity fund	
Name of transferee fund	
E-mail address of transferee	
fund	
fund	no. of transferee fund
fund	
fund Image: Cell state s	
fund   Image: Constraint of transferee fund   Image: Constraint o	
fund   Image: Constraint of transferee fund     Tel no. of transferee fund   Image: Constraint of transferee fund     FSCA Registration no. of transferee fund   Image: Constraint of transferee fund     Image: Imag	
fund   Image: Cell state of transferee fund     Tel no. of transferee fund   Image: Cell state of transferee fund     FSCA Registration no. of transferee fund   Image: Cell state of transferee fund     Image: Cell state of transferee fund   Image: Cell state of transferee fund     The amount transferred to the transferee fund   Image: Cell state of transferee fund     Amount attributed to Pre – 1 March 2021 Provident Fund vested rights plus growth	R , , , , , , , , , , , , , , , , , , ,
fund   Image: Cell for the transferee fund     FSCA Registration no. of transferee fund   Image: Cell for the transferee fund     Image: Cell for the transferee fund   Image: Cell for the transferee fund     The amount transferred to the transferee fund   Image: Cell for the transferee fund     Armount attributed to Pre – 1 March 2021 Provident Fund vested rights plus growth     Armount attributed to Post – 1 March 2021 Provident Fund value	R , , , , , , , , , , , , , , , , , , ,
fund   Image: constraint of transferree f	R , , , , , , , , , , , , , , , , , , ,
fund   Image: Cell of transferee fund     FSCA Registration no. of transferee fund   Image: Cell of transferee fund     Image: Cell of transferee fund   Image: Cell of transferee fund     The amount transferred to the transferee fund   Image: Cell of transferee fund     Amount attributed to Pre – 1 March 2021 Provident Fund vested rights plus growth     Amount attributed to Post – 1 March 2021 Provident Fund value     Specify the Two Pot transfer values     Amount in the Vested component transferred to Vested component	R , , , , , , , , , , , , , , , , , , ,
fund   Image: Cell of transferee fund     FSCA Registration no. of transferee fund   Image: Cell of transferee fund     Image: Cell of transferee fund   Image: Cell of transferee fund     The amount transferred to the transferee fund   Image: Cell of transferee fund     Amount attributed to Pre – 1 March 2021 Provident Fund vested rights plus growth     Amount attributed to Post – 1 March 2021 Provident Fund value     Specify the Two Pot transfer values     Amount in the Vested component transferred to Vested component     Amount in the Vested component transferred to Retirement component	

Particulars of transfe	er #4
Transferee fund type:	Retirement annuity fund
Name of transferee fund	
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   0   0   0   0   0   0
The amount transferred to the	transferee fund R
Amount attributed to Pre – 1 M	Aarch 2021 Provident Fund vested rights plus growth R
Amount attributed to Post – 1	March 2021 Provident Fund value R
Specify the Two Pot transfe	r values
Amount in the Vested compor	ent transferred to Vested component R
Amount in the Vested compor	ient transferred to Retirement component R

Amount in the Retirement component transferred to Retirement component

Amount in the Savings component transferred to Savings component

Amount in the Savings component transferred to Retirement component

R								,		
R								,		
R										
R								],		
R								,		

Particulars of purc	hase	of	pen	sio	n/ar	nnui	ity																																							
Did the fund purchase an ann	nuity?	Yes		No			lf	yes,	stat	e th	e pai	ticu	ars	per a	annu	ity p	urch	ase	d:																											
Pension/Annuity #1				L		<u>J</u>																																								
Annuity policy number																									Amo	ount	utilis	ed to	o pui	rcha	ise ai	n an	nuity	y R											,	
Indicate the type of annuity pr	urchas	ed:	Liv	ing A	\nnu	ity			Gua	rant	eed /	nnu	ity		)																															
Name of the registered long- term insurer where the																																														_
annuity was purchased:																		Τ																												
Email address of insurer																		T																												-
FSCA Registered Insurer no.	1	0	1	1	0	1	1	1	'					]		Te	el no																		Ce	ell no.										_
Death prior to retirement, th	ne follo	wing	fields	are	also	o mai	ndat	oryf	for th	nis p	ourch	ase																																		
Sumame																																														-
Name(s)																																														
ldentity Number															Da	ate of	Birth	n (C	СҮҮ	MM	DD)									Pas	sspor	rt/Pe	rmit	no.												
Taxpayer reference no.																																														
Pension/Annuity #2																																														
Annuity policy number																									Amo	ount	utilis	ed to	o pui	rcha	ise ai	n an	nuity	/ <b>R</b>											, [	Ī
Indicate the type of annuity po	urchas	ed:	Liv	ing A	\nnu	ity			Gua	rant	eed /	nnu	ity		)																															
Name of the registered long-term insurer where the																																														
annuity was purchased:																																														
Email address of insurer																																														٦
FSCA Registered Insurer no.	1	0	1	1	0	1	1	1	1							Te	el no																		Ce	ell no.										_
Death prior to retirement, th	ne follo	wing	fields	are	also	o mai	ndat	ory f	for th	nis p	ourch	ase																																		
Surname																																														
Name(s)																																														
ldentity Number															Da	ate of	Birth	ח (C	СҮҮ	'MM	DD)									Pas	sspor	rt/Pe	rmit	no.			Τ									٦
															1							 _		_					1											 				_		_

<b>Particulars</b> of	purchase of	pension/annuit	y (continued)
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Pension/Annuity #3																																								
Annuity policy number																							Amo	ount u	ıtilise	d to p	ourcha	ase an	annu	uity <b>R</b>									,	
Name of the registered long- term insurer where the annuity was purchased:																																								
Indicate the type of annuity pu	rchase	d:	Liv	ing Ar	nnuit	/		Gua	arant	eed A	nnuit	y																												
																																		Τ						
Email address of insurer																																		T		$\square$				
FSCA Registered Insurer no.	1	0	1	1	0	1	1	1						1	Tel n	o.															 Cell	l no.								
Death prior to retirement, the	follov	ving	fields	are a	also	mand	lator	y for t	this p	ourch	ase:																													
Surname																																								
Name(s)																																		Τ						
ldentity Number														Date	of Bir	th (Co	CYYN	IMD	D)								Pa	assport	t/Perr	nit no				T		$\square$				
Taxpayer reference no.																						 -										II		 _	1	1	1			
Pension/Annuity #4																																								
Annuity policy number																							Amo	ount u	utilise	d to p	ourcha	ase ar	n anni	uity <b>R</b>									,	
Indicate the type of annuity pu	rchase	d:			Livir	ng An	nuity			Gua	rante	ed Ai	nnuity																											
Name of the registered long- term insurer where the annuity was purchased:																																								
annuny was purchaseu.																																								
Email address of insurer																																		Τ						
FSCA Registered Insurer no.	1	0	1	1	0	1	1	1							Tel n	0.														7	Cell	l no.		T		T				
Death prior to retirement, the	e follov	ving	fields	are a	also	mand	lator	y for t	this p	ourch	ase:																		•			_								
Surname																																								
Name(s)																																								
ldentity Number														Date	of Bir	th (C	CYYN	IMDI	D)								Pa	asspor	t/Perr	nit no										
Taxpayer reference no.																																								
State if the transfer/purchase	of the	annu	ities is	s subj	ject to	o spec	cial c	onditio	ons. I	f yes,	confi	irm th	ne app	olicab	le pro	visior	n in th	e fur	nd rule	es:																				
Is the fund paying the annuity	?	Yes		No				lf y	es, si	tate th	ne am	nount	t rema	ining	in the	e fund	to pa	y the	e annı	uity: I	R												,							

Period of Employment in Public Sector	or Fund (excluding AIPF)
Date From (CCYYMMDD)	Date To (CCYYMMDD) = Completed years
The original amount attributed to the above period of membership in the pub	lic sector fund (full benefit) R Date the amount was transferred from public sector fund (CCYYMMDD)
Date of transfer from first approved (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 Public Sector fund directive number for the original transfer
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 Residency	
Certificate of residence attached 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 Immigration Act, no. 13 of 2002?	Yes No
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.