

Request for a Tax Deduction Directive After Retirement and Death - Annuity Commutations

FORM E

FOR OFFICE USE																											
Application no.																											
Taxpayer Det	ails																										
Taxpayer reference no.								Year o	f Assessi	ment end	led on (C	CCYY)															
Surname / Trust Name																											
First Name(s)																											
Initials			Da (C	ate of Birth	n / Registra DD)	ation					le	dentity num	per														
Passport / Permit / Trust Deed no.											F	Passport Co	untry / Cou	ntry of O	rigin (e.g	. South	Africa =	ZAF)									
If the taxpayer/member is n	ot registered	for income	tax, provi	de reason	(s):						Provid	le reason(s)	:														
Annual income R								,																			
Is the taxpayer a non-reside																											
Residential Addr	ess																										
																					Pos	tal Cod	de				
Postal Address																					Pos	tal Cod	de				
Postal Address																					Pos	tal Coo	de				
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Particulars of	f Fund	/Insur	er																								
	f Fund	/Insur	er																								
Particulars of Registered Name of Fund/ Insurer	F Fund An approved			public sec	ctor fund		Insu	urer		Other		Specify otl	ner														
Particulars of Registered Name of Fund/ Insurer Indicate whether this fund/Insurer is:		fund		public sec	ctor fund		Inst	urer				Specify otlands on Funds only		3 2	0 4				FSC	CA Regi	Pos	tal Coo		0 /	1		
Particulars o Registered Name of Fund/ Insurer Indicate whether this fund/Insurer is: FSCA Registration	An approved	fund) (A	public sec	ctor fund		Inst	urer				,		3 2	0 4				FSCInsu	CA Regiurer no.	Pos	tal Coo	de	0 /			

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Particulars of Fund/Insurer (continued)
Tel no. Policy No. Paye Reference no. 7
Postal Address
Postal Code Postal Code
Particulars of Gross Lump Sum Due
Reason for directive: Death Member / Former Member after Retirement Par. (c) Living Annuity Commutation Death - Next Generation Annuitant Next Generation Annuitant Commutation Transfer of an annuity
Par.(eA) Living Annuity Commutation Termination of a Trust
Date of accrual (CCYYMMDD)
Gross amount of lump sum payment R , ,
Full value of annuity R
Identity Number Passport no. of original member
Full name(s) of original member
Was any value of the annuity or retirement interest previously commuted for a single payment?
Member / Former Member benefit payable— Note: only applicable to reasons for directive: "Death – Member / Former Member after retirement" and "Par. (c) Living Annuity Commutation" Yes No
Next Generation Annuitant benefit payable Note: only applicable to reasons for directive "Next Generation Annuitant Commutation" or "Death – Next Generation Annuitant".
Member's contributions not previously allowed as a deduction. R
Particulars of transfer
Did the member elect to transfer to another insurer? Yes No If yes, state Insurer details below:
Registered Name of Insurer
FSCA Registered Insurer no. 1 0 / 1 0 / 1 /
Amount transferred R
E-mail address of
transferee insurer
transferee insurer transferee insurer

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Particulars of transfer (continued)																																								
tate if the transfer/purchase of the annuities is subject to special conditions. If yes, confirm the applicable provision in the fund rules:																																								
Particulars of pens	ion/anr	nuity	purc	has	se fo	ral	bene	efici	ary/n	omi	nee																													
If death of member / annuitant	, please ir	idicate	wheth	er any	y portic	on of t	he tota	al valu	e of the	e annı	uity wa	s used	to pur	chase a	an ar	nnuity fo	r a be	eneficiar	y / n	ominee:	Y	es	No	0		(If an	annui	ity/pe	nsion w	vas pu	urchas	ed fro	om anot	ther in:	surer,	state th	he det	ails be	low:)	
Surname / Trust Name																																								
First Name(s)																																								
Identity number																				Other Ide	entity i	number	Trust	Deed	numbe	r														
Annuity policy number																				Amount	utilise	ed to pur	chase	an anı	nuity	R],	
Indicate the type of annuity pu	rchased:	Liv	ing An	nuity					Guara	nteed	l Annu	ity																												
Taxpayer ref. no																																								
Name of the registered long- term insurer where the																																								
annuity was purchased																																								
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First Name(s)		T			$\overline{}$					T				Ť					Ī																				T	
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annuity was purchased		$\overline{}$			$\overline{}$	$\overline{}$				$\overline{}$				$\overline{}$	$\frac{}{}$			\Box	$\overline{}$							$\overline{}$								+					$\overline{}$	
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Annuity policy number																						Amo	unt ı	utilised	d to p	ourcha	se ar	n annı	uitv													

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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?	Y N
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	
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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