



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

FORM A&D

FOR OFFICE USE

Application no.

Taxpayer Details

Taxpayer reference no. Year of Assessment ended on (CCYY)

Surname

First Name(s)

Initials Date of Birth (CCYYMMDD) Identity number

Passport/Permit no. Passport Country / Country of Origin (e.g. South Africa = ZAF)

If the taxpayer/member is not registered for income tax, provide reason(s): Provide reason(s)

Annual income R , Employee number

Is the taxpayer a non-resident? Yes No Is the certificate of residency (citizenship certificate only where DTA is not applicable) attached? Yes No

Residential Address

Postal Code

Postal Address

Postal Code

Particulars of Fund

Registered Name of Fund

Contact Person

E-mail address

Tel no. Membership number Fund Approval no. (Applicable to Public Sector Funds)

PAYE Reference no. FSCA Registration no.

Particulars of Fund (continued)

Participating Employer Name

Type of fund:

Postal Address

Postal Code

Indicate whether this fund is: Specify other

Particulars of Gross Lump Sum Due

Reason for directive:

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 2(1)(b) of the Second Schedule, amount attributed to Pre – 1 March 2021 Provident Fund vested rights plus growth and the value in the savings component deemed to be a par 2(1)(a) of the Second Schedule)

R ,

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

R ,

Amount attributed to a non-member's spouse in respect of divorce order

R ,

Amount attributed to Pre – 1 March 2021 Provident Fund vested rights plus growth

R ,

In case of a provident fund, total contributions by member to the fund up to 1 March 2016 (excluding interest and profit)

R ,

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)

R ,

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

R ,

Transfer by non-member spouse previously taxed

R ,

Particulars of Gross Lump Sum Due (continued)

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

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) Amount of partial withdrawal R

Directive number

Date of partial withdrawal (CCYYMMDD) Amount of partial withdrawal R

Directive number

Particulars of Transfer before Retirement

Did the fund transfer the retirement benefit to another fund before retirement? Yes No

Transferee fund type: Pension Fund Provident Fund Retirement Annuity Fund Pension Preservation 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

FSCA Registration no. of transferee fund **1** **2** / **8** / **0** **0** / **0** **0** **0** **0** **0** **0** Amount attributed to Pre – 1 March 2021 Provident Fund vested rights plus growth R

Amount attributed to Post – March 2021 Provident Fund value R

Pension/Annuity Purchase Details

Did the fund purchase a pension / annuity? Yes No If "YES", state the particulars per pension / annuity purchase:

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** / Tel no. Cell no.

Pension/Annuity Purchase Details (continued)

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.

Pension / annuity Policy number Amount utilised to purchase a pension / annuity R ,

Indicate the type of annuity purchased:

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 / Tel no. Cell 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.

Pension / annuity Policy number Amount utilised to purchase a pension / annuity R ,

Indicate the type of annuity purchased:

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 / Tel no. Cell 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.

Pension/Annuity Purchase Details (continued)

Pension / annuity Policy number

Amount utilised to purchase a pension / annuity R ,

Indicate the type of annuity purchased:

Name of the registered long-term insurer where the pension / annuity was purchased

E-mail address of insurer

FSCA Registered Insurer no.

Tel no.

Cell 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

If yes, state the amount remaining in the fund to pay the annuity R ,

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 (CCYYMMDD) Public Sector fund directive number for 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 average salary earned by the taxpayer during any 5 consecutive years in the service of the employer during his membership of the fund:

Period 1 (CCYY) 4

Period 2 (CCYY) 4

Period 3 (CCYY) 4

Period 4 (CCYY) 4

Period 5 (CCYY) 4

Salary R ,

Salary R ,

Salary R ,

Salary R ,

Salary R ,

Total R ,

Average for 5 years or lesser period if employee employed for lesser period R ,

On death: The member's salary during 12 months immediately preceding death R ,

Note: Salary includes any amount received or receivable annually under a contract of service including cost of living allowances, commission, shares of profits, etc., but not occasional bonuses or fees which were dependent on the whim of directors or employer.

Particulars of Employer (only applicable for date of accruals prior to 1 October 2007)

Name of Employer

PAYE ref no. **7**

Contact Person

Surname

Initials Tel no.

Residential Address

Postal Code

