



Request for a Tax Deduction Directive Retirement Annuity Funds

FORM C

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 reasons: Provide Reason(s)

Annual income R , Employee number

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

Postal Address

Postal Code

Particulars of Fund

Registered Name of Fund / Insurer

Contact person

E-mail address

Tel no. Policy number PAYE Reference no.

FSCA Registration no. of fund

Type of fund: Retirement annuity

Particulars of Gross Lump Sum Due (continued)

If the amount is from a Provident Fund, indicate total provident fund contributions by member **up to** 1 March 2016.

R ,

If the amount is from a Provident Fund, indicate total provident fund contributions **after** 1 March 2016.

R ,

Transfer from Pension Fund (after tax amount)

R ,

Directive number for pension transfer

Was there a partial withdrawal amount taken from this benefit in the previous Fund? 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

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

Particulars of transfer (#1)

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 0**

The 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 – 1 March 2021 Provident Fund value R ,

Specify the Two Pot transfer values

Amount in the Vested component transferred to Vested component R ,

Amount in the Vested component transferred to Retirement component R ,

Amount in the Retirement component transferred to Retirement component R ,

Amount in the Savings component transferred to Savings component R ,

Amount in the Savings component transferred to Retirement component R ,

Particulars of purchase of pension/annuity

Did the fund purchase an annuity? Yes No If yes, state the particulars per annuity purchased:

Pension/Annuity #1

Annuity policy number

Amount utilised to purchase an annuity R ,

Indicate the type of annuity purchased:

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

Email 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

Name(s)

Identity Number Date of Birth (CCYYMMDD) Passport/Permit no.

Taxpayer reference no.

Pension/Annuity #2

Annuity policy number

Amount utilised to purchase an annuity R ,

Indicate the type of annuity purchased:

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

Email 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

Name(s)

Identity Number Date of Birth (CCYYMMDD) Passport/Permit no.

Taxpayer reference no.

Particulars of purchase of pension/annuity (continued)

Pension/Annuity #3

Annuity policy number Amount utilised to purchase an annuity R ,

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

Indicate the type of annuity purchased:

Email 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

Name(s)

Identity Number Date of Birth (CCYYMMDD) Passport/Permit no.

Taxpayer reference no.

Pension/Annuity #4

Annuity policy number Amount utilised to purchase an annuity R ,

Indicate the type of annuity purchased:

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

Email 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

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. If yes, confirm the applicable provision in the fund rules:

Is the fund paying the annuity? Yes No If yes, state the amount remaining in the fund to pay the annuity: R ,

