

## Request for a Tax Deduction Directive Retirement Annuity Funds

FORM C

FOR OFF	ICE	≣ U	SE																																												
Application no.																																															
Taxpaye	r De	etai	ls																																												
Taxpayer reference no.																	Year	of As	sess	ment	ende	ed on	(CC)	YY)																							
Surname																																															
First Name(s)																																															
Initials								Dat	te of I	Birth	(CCY	YMM	DD)									]	ldenti	ity nu	mber																						
Passport/ Permit no.																								Pass	sport (	Coun	try / C	Count	ry of	Origir	n (e.g.	South	n Afri	ca = 2	ZAF)												
If the taxpayer/men	nber is	s not	regist	ered	for inc	ome	tax, p	rovid	le rea	sons	i:											Pro	ovide	Rea	son(s)	)																					
Annual income R																,						Empl	oyee	num	ber																						
Is the taxpayer a no	on-res	ident	?	Yes		No				ls th	e cert	ificate	of re	esider	ncy (c	itizen	ship (	certifi	cate	where	e DT/	A is n	ot ap	plica	ble) a	ttach	ed?	Yes			No						•										
Residential	Ad	dres	ss																																												
																																								Post	al Co	de					
Postal Addre	ess																																														
																																								Post	al Co	de					
<b>Particula</b>	rs	of	Fu	nd																																											
Registered Name of fund																																															
Contact person																																															
E-mail address																																															
Tel no.																Po	licy n	umbe	r																												
PAYE Reference no.	7										FS	CA Re	egistr	ation	no.	1	2	1	8	1	0	0						1	0	0	0	0	0	0	]	Туре	of fu	nd: F	Retire	ment	annu	uity				_	

Particulars of Fund (continued)		
Postal Address		
	Postal Code	3
Indicate whether this fund is:  An approved fund  Other  Specify other		
Particulars of Gross Lump Sum Due		
Reason for directive: Retirement Death prior to Retirement Transfer prior to Retirement Transfer prior to Retirement	Discontinued Contributions	Future Surplus
Divorce - Member Spouse Divorce Transfer Emigration Withdrawal	Withdrawal due to Visa Expiry	Cessation of SA Residence
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 be accrue in terms of par 2B of the Second Schedule) and amount attributed to Pre – 1 March 2021 Provident Fund vested rights plus growth)	R	,
Total value of full annuity	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	<u> </u>
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	<u> </u>
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	,
If the amount is from a Provident Fund, indicate total provident fund contributions by member <b>up to</b> 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

Particulars of Gross Lump Sum Due (continued)	
Was there a partial withdrawal amount taken from this benefit in the previous Fund?	
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 pay any portion of lump sum payment into another fund?	
Particulars of transfer (#1)	
Transferee fund type: Retiremen	The amount transferred to the transferee fund R
Name of transferee fund	
E-mail address of transferee fund	
Tel no. of transferee fund	no. of transferee fund
FSCA Registration no. of transferee fund	
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 , , ,
Particulars of transfer (#2)	
Transferee fund type: Retiremen	nt fund The amount transferred to the transferee fund R ,
Name of transferee fund	
E-mail address of transferee fund	
Tel no. of transferee fund	I no. of transferee fund
FSCA Registration no. of transferee fund	
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 , , ,

Particulars of transfe	er #3																																					
									Trai	nsfere	ee fund	d type	: Re	etirem	ent fu	ınd		Tł	ne am	ount t	ransf	erred	to the	trans	feree	fund	R					T	T	T	П		,	T
Name of transferee fund																																T	T	T	T			T
E-mail address of transferee fund																																İ	İ	İ	寸			T
Tel no. of transferee fund														С	ell no	. of tra	ansfei	ree fur	nd													٦						
FSCA Registration no. of transferee fund	1 2	1	8	/ (	0				1	0	0	0	0	0	0																	_						
Amount attributed to Pre – 1 N	March 202	21 Pro	vident	Fund v	ested r	ights p	lus gro	wth								R														,								
Amount attributed to Post – 1	March 20	21 Pro	ovident	Fund	/alue											R														, [								
Particulars of transfe	er #4																																					
									Trar	nsfere	ee fund	d type	: Re	etirem	ent fu	ınd		Tł	ne am	ount tr	ransf	erred	to the	trans	feree	fund	R					T	T	$\Box$	$\exists$		, [	T
Name of transferee fund																Ī													İ	T	İ	T			T			T
E-mail address of transferee fund																																Ī		Ī				Ī
Tel no. of transferee fund														С	ell no.	. of tra	ansfer	ree fun	ıd																			
FSCA Registration no. of transferee fund	1 2	1	8	/ (	0				1	0	0	0	0	0	0																	_						
Amount attributed to Pre – 1 M	March 202	1 Prov	/ident	Fund ve	ested r	ights pl	lus gro	wth								R														,								
Amount attributed to Post – 1	March 20	21 Pro	vident	Fund v	/alue											R														Г								

Particulars of purc	hase	of	pei	nsio	n/a	nnu	ity																																		
Did the fund purchase an annu	uity?	Yes		No			lf	yes, s	tate	the p	artic	ular	per	annı	ity pur	chas	e:																								
Pension/Annuity #1																																									
Annuity policy number																						Amour	nt utilis	ed to p	ourcl	hase a	n annı	uity <b>R</b>												,	
Indicate the type of annuity pu	ırchas	ed:	L	iving	Annı	uity			Guara	antee	d Ann	uity																													
Name of the registered long- term insurer where the annuity was purchased:																																									
Email address of insurer																																		$\perp$							
FSCA Registered Insurer no.	1	0	1	1	0	1	1	1							Tel	no.													Cell no												
Death prior to retirement, th	e follo	wing	field	ds ar	e als	o mai	ndate	ory fo	r thi	s pui	chas	e:	_													,	,												,	·	,
Surname								Ĺ		Ť																													Т		
Name(s)														T	П	T		Ť			Ť				T									干	T			$\Box$	寸	Ť	
Identity Number														D	ate of B	irth (0	CCYYI	MMD	D) [						Р	asspoi	rt/Pern	nit no.						Ī							
Taxpayer reference no.																																									
Pension/Annuity #2																																									
Annuity policy number						П							Π	Τ								Amour	nt utilis	ed to p	ourcl	hase a	n annı	uity <b>R</b>	Т		Т			T	T	T	Π		T	,	
Indicate the type of annuity pu	irchas	ed:	L	iving	Annı	uity			Guara	antee	d Ann	uity																	·		,	'	'			•			_		
Name of the registered long- term insurer where the																																							$\Box$		
annuity was purchased:																																									
Email address of insurer																																									
FSCA Registered Insurer no.	1	0	1	1	0	1	1	1							Tel	no.													Cell no												
Death prior to retirement, th	e follo	wing	field	ds ar	e als	o mai	ndate	ory fo	r thi	s pui	chas	e:																													
Surname																																							$\Box$		
Name(s)																																									
Identity Number														D	ate of B	irth (C	CCYYI	MMD	D) [						Р	asspoi	rt/Pern	nit no.													
Taxpayer reference no											1								_																						

Particulars of purc	nase	of	pens	sioi	n/ar	nnui	ity (	(con	tinu	ued)	)																															
Pension/Annuity #3																																										
Annuity policy number																								Amou	unt u	tilised	d to p	urchas	se an	annui	ty <b>R</b>					T	T				,	
Name of the registered long- term insurer where the annuity was purchased:																																										
Indicate the type of annuity pu	rchas	ed:	Liv	ing A	Annu	ity		G	uara	nteed	Annı	uity																														
Email address of insurer																																										
FSCA Registered Insurer no.	1	0	1	1	0	1	1	1							Tel	no.																Cell	no.									
Death prior to retirement, th	follo	wing	fields	s are	also	mar	ndato	ory fo	r this	s pur	chase	<b>)</b> :																														
Surname																																										
Name(s)																																										
Identity Number														Da	te of I	Birth	(CCY	ΥMN	/IDD)	)								Pas	sport/	Perm	it no.											
Taxpayer reference no.																																										
Pension/Annuity #4																																										
Annuity policy number																								Amo	unt u	tilised	d to p	urchas	se an	annui	ity <b>R</b>										,	
Indicate the type of annuity pu	rchas	ed:		(	Liv	ing A	Annui	ty		Gı	uaran	teed	Annui	ity																												
Name of the registered long-term insurer where the																																										
annuity was purchased:																			Ī		T	İ				Ť				İ					İ	İ		İ		П		
Email address of insurer	П																		Ť		T	Ť			Ť	T			T						Ť	Ť			T	П		
FSCA Registered Insurer no.	1	0	7	1	0	1	1	1							Te	no.			T		T		T			İ			T		1	Cell	no.		Ť	İ			T			
Death prior to retirement, th		wing	field					ory fo	r this	s pur	chase	):	J																	-	_		ı									
Surname																																										
Name(s)																																										
Identity Number														Da	ite of I	Birth	(CCY	ΥMN	/IDD	)								Pas	sport/	Perm	it no.											
Taxpayer reference no.																																										
State if the transfer/purchase	of the	ann	uities i	s sul	bject	to sp	ecial	condi	itions	s. If ye	S, CO	nfirm	the a	pplic	able p	rovis	ion ir	the	func	d rules	S:																					
				,																														 	 							
Is the fund paying the annuity	?	Yes		No			lf y	es, s	tate	the a	noun	t rer	nainir	ng in	the f	und	to pa	y the	e anı	nuity:	F	₹ _												,								

FORM C

Period of Employment in Public Sector	r 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 No
Is the certificate of residence of the new country of residence attached?	Yes No 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 Residence	
Certificate of residence Y/N	Y N
Document confirming cessation of residence Y/N	Y N
Date of Cessation of SA Residence (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 No
Did the member exit South Africa?	Yes No 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.

FORM C