



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

FORM E

FOR OFFICE USE

Application no.

Taxpayer Details

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

Surname / Trust Name

Name(s)

Initials Date of Birth / Registration (CCYYMMDD) Identity number

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

If the taxpayer/member is not registered for income tax, select one of the following reasons: Unemployed Other Specify other

Annual income R ,

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

Residential Address

Postal Code

Postal Address

Postal Code

Particulars of Fund/Insurer

Registered Name of Fund/Insurer

Indicate whether this fund/insurer is: An approved fund A public sector fund Insurer Other Specify other

FSCA Registration no. **1 2 / 8 / 0 0** / Fund Approval no. (Public Sector Funds only) **1 8 2 0 4** FSCA Registered Insurer no. **1 0 / 1 0 / 1 /**

Contact Person

E-mail address

FORM E

Particulars of Fund/Insurer (continued)

Tel no.

Policy No.

PAYE Reference no.

Postal Address

Postal Code

Particulars of Gross Lump Sum Due

Reason for directive:

Date of accrual (CCYYMMDD)

Gross amount of lump sum payment R ,

Full value of annuity R ,

Retirement interest at retirement date (only applicable for reason "Gn16 Existing Annuity Commutation") 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? Yes No

Member / Former Member benefit payable- Note: only applicable to reasons for directive: "Death – Member / Former Member after retirement", "GN16 Commutation" 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". Yes No

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.

Amount transferred R ,

E-mail address of transferee insurer

Tel no of transferee insurer Cell no. of transferee insurer

Particulars of transfer (continued)

State if the transfer/purchase of the annuities is subject to special conditions. If yes, confirm the applicable provision in the fund rules:

Particulars of pension/annuity purchase for a beneficiary/nominee

If death of member / annuitant, please indicate whether any portion of the total value of the annuity was used to purchase an annuity for a beneficiary / nominee: Yes No (If an annuity/pension was purchased from another insurer, state the details below:)

Surname / Trust Name

Name(s)

Identity number Other Identity number / Trust Deed number

Annuity policy number Amount utilised to purchase an annuity R ,

Taxpayer ref. no

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

E-mail address

FSCA Registration no. **1 0 / 1 0 / 1 /** Tel no. Cell no.

Surname / Trust Name

Name(s)

Identity number Other Identity number / Trust Deed number

Annuity policy number Amount utilised to purchase an annuity R ,

Taxpayer ref. no

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

E-mail address

FSCA Registration no. **1 0 / 1 0 / 1 /** Tel no. Cell no.

Particulars of pension/annuity purchase for a beneficiary/nominee (Continue)

Surname / Trust Name																																				
Name(s)																																				
Identity number													Other Identity number / Trust Deed number																							
Annuity policy number													Amount utilised to purchase an annuity R													,										
Taxpayer ref. no																																				
Name of the registered long-term insurer where the annuity was purchased																																				
E-mail address																																				
FSCA Registration no.	1 0 / 1 0 / 1 /			Tel no.												Cell no.																				
Surname																																				
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E-mail address																																				
FSCA Registration no.	1 0 / 1 0 / 1 /			Tel no.												Cell no.																				

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)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	For enquiries go to www.sars.gov.za or call 0800 00 7277
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