



South African Revenue Service

Recognition of Transfer between Approved / Public Sector Funds

ROT01

A. On Behalf of Transferring Fund

1. Particulars of the Transferring Fund

Registered Name

FSCA Registration no. Fund Approval No. (Applicable to Public Sector Funds)

Type of fund: (Mark the applicable block) Pension Fund Provident Fund Retirement Annuity Fund Pension Preservation Fund Provident Preservation Fund

Indicate whether this fund/insurer is: Approved Fund Public Sector Fund Other

2. Particulars of Contact Person of the Transferring Fund

Surname

First Name(s)

Tel no. Cell no. Fax no.

E-mail address

Postal Address

Postal Code

3. Particulars of Member or Divorced Non-Member Spouse

Tax Directive number of transfer application Taxpayer ref no. Tax Year

Surname

First Name(s)

Initials Date of Birth (CCYYMMDD) Identity number

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

E-mail address

Cell no. Date of withdrawal/transfer from transferring fund as per directive (date of accrual)

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Version: v2023.00.02

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3. Particulars of Member or Divorced Non-Member Spouse (continued)

Reason for withdrawal/transfer

Public Sector Fund (Only complete these dates if a Public Sector fund) Commencement date of pensionable service (CCYYMMDD) End date of pensionable service (CCYYMMDD)

Indicate whether the current transfer is from a Public Sector Fund or from an Approved Fund: Public Sector Fund Approved Fund

Indicate whether the previous transfer was from a Public Sector Fund or from an Approved Fund (if applicable): Public Sector Fund Approved Fund Not applicable

Amount of benefit representing pensionable service in the Public Sector Fund R ,

Date of Transfer from 1st Approved Fund (CCYYMMDD) Directive number of original transfer

Was the benefit received directly from the Public Sector Fund Y/N? Yes No

Did the Previous fund indicate the benefit was from a Public Sector Fund Y/N? Yes No

4. Particulars of Benefit to be Transferred

Amount of member's gross benefit R ,

Is this a Retirement Benefit Transfer? Yes No

Amount to be transferred as reflected on the tax directive application R ,

Amount of benefit actually transferred (if the amount differs from the tax directive amount) R ,

Any additional amount following the tax directive issue date? R ,

Please provide reason for the difference between the directive and actual amount transferred

Total contributions by member to the fund up to 1 March 2016 (excluding profit and interest) R ,

Total contributions to the fund after 1 March 2016 (excluding profit and interest) R ,

Amount attributed to a Pre - 1 March 2021 Provident Fund vested rights plus growth R ,

Amount attributed to a Post - 1 March 2021 Provident Fund value R ,

Details of any portion of gross benefit not being transferred are as follows:

Any conditions/instructions (add reference to the fund rule if applicable):

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4. Particulars of Benefit to be Transferred (continued)

If transferring from a pension/provident preservation fund, indicate if a previous partial withdrawal was taken from the preservation fund? Yes No

If yes, provide date of partial withdrawal (CCYYMMDD) Amount of partial withdrawal R

Indicate whether a tax directive had been applied for at SARS? Yes No If yes, provide the directive number

5. Statement on behalf of Transferring Fund

- The value to be transferred as set out in section 4 will be paid by means of a transfer of the underlying assets by way of an electronic bank transfer, as soon as this recognition of transfer form is returned, fully completed, to the contact person referred in section 2;
- The necessary authority to effect such transfer has been received from SARS; and
- Confirmation of payment of the amount to be transferred will be provided as soon as this has been done.

Declaration

I declare that the information furnished is true and correct in every respect.
(Please also indicate the name and designation of the person signing on behalf of the transferring fund.)

Signature on behalf of the transferring fund.

Official Stamp

Date (CCYYMMDD)

For enquiries go to www.sars.gov.za or call 0800 00 7277

Declaration Notes

- 5.1 The recognition of transfer form must be completed when a member transfers to another fund before retirement.
- 5.2 The administrator of the transferring fund may only transfer the amount to the receiving fund upon receipt of all the required information to complete the directive application form in full.
- 5.3 The transferring fund is responsible for ensuring that the benefit is transferred to an approved fund and that the information on Part A is provided to the receiving fund to enable the receiving fund to submit the completed recognition of transfer form to SARS, The **receiving fund** must submit the completed recognition of transfer form **electronically** to SARS within 30 calendar days of the transfer:
- 5.4 If this confirmation of the transfer is not submitted to SARS, the transfer will be deemed to be a cash withdrawal benefit and will be taxed accordingly.

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B. On behalf of Receiving Fund

Amount received R [grid], [grid]
Amount reflected on the Tax Directive application (if the amount differs from the actual amount received): R [grid], [grid]
Any additional amount following the tax directive issue date? R [grid], [grid]
Please provide reason for the difference between the directive and actual amount used to purchase an annuity [grid]

1. Particulars of the Receiving Fund

Registered Name [grid]
FSCA Registration no. 1 2 / 8 / [grid] / [grid] Fund Approval No. (Applicable to Public Sector Funds) 1 8 2 0 4 [grid]
Membership Number [grid]
Type of fund: (Mark the applicable block) Pension Fund [checkbox] Provident Fund [checkbox] Retirement Annuity Fund [checkbox] Pension Preservation Fund [checkbox] Provident Preservation Fund [checkbox]
Indicate whether this fund/insurer is: Approved Fund [checkbox] Public Sector Fund [checkbox] Other [checkbox]

2. Particulars of Contact Person of the Receiving Fund

Surname [grid]
Name(s) [grid]
Tel no. [grid] Cell no. [grid] Fax no. [grid]
E-mail address [grid]

Postal Address

[grid]
[grid]
[grid] Postal Code [grid]

3. Particulars of Bank Account for the Receiving Fund

Account Holder Name [grid]
Name of Bank [grid]
Branch Name [grid]
Branch no. [grid] Account no. [grid]
Reference no. for deposit (if applicable) [grid]

4 . Statement on behalf of Receiving Fund

- The transfer benefit as set out in section A(4) will be applied for the benefit of the person specified in section A(3), in the fund as specified in section B(1);
- If any request is received to deal with the benefit as set out in section A(4) in any manner other than that set out in section A(4) , including any request to cancel the transfer to the receiving fund, such request shall not be implemented by the receiving fund without the prior written consent of the transferring fund; and
- The information contained herein is correct and in particular, the banking details provided have been confirmed as correct.

Declaration

I declare that the information furnished is true and correct in every respect. (Please also indicate the name and designation of the person signing on behalf of the receiving fund.)

Signature on behalf of the receiving fund.

Official Stamp

Date (CCYYMMDD)

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