

A. On behalf of Purchasing Fund/Insurer

1. Particulars of Purchasing Fund/Insurer

Registered Name of Fund, FSCA Registration no. 12/8, Fund Approval No. 18204, FSCA Registered Insurer no. 10/10/1, Type of fund: Pension Fund, Retirement Annuity Fund, Pension Preservation Fund, Provident Preservation Fund, Indicate whether this fund/insurer is: Approved Fund, Public Sector Fund, Insurer, Other

2. Particulars of Contact Person of the Purchasing Fund/Insurer

Surname, First Name(s), Tel no., Cell no., Fax no., E-mail address

Postal Address

Postal Address grid, Postal Code

3. Particulars of Person in Whose Name the Pension/Annuity is Purchased (if reason is "Death" insert the Member/Former Member particulars)

Tax Directive number of transfer application, Taxpayer ref no., Tax Year, Surname, First Name(s), Initials, Date of Birth (CCYYMMDD), Identity no., Passport/Permit no., Passport Country / Country of Origin, E-mail address, Cell no., Date of retirement/death/transfer as per directive (date of accrual), Public Sector Fund, Commencement date of pensionable service (CCYYMMDD), End date of pensionable service (CCYYMMDD)

3. Particulars of Person in whose Name the Pension/Annuity is Purchased (if reason is "Death" insert the Member/Former Member particulars)(continued)

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:

Public Sector Fund Approved Fund Not applicable

Amount of benefit representing pensionable service in the Public Sector Fund

R ,

4. Particulars of purchased pension/annuity

Amount of member's gross benefit

R ,

Amount of benefit applied to purchase pension/annuity as reflected on the tax directive application

R ,

Any additional amount following the tax directive issue date?

R ,

Actual amount of benefit applied to purchase pension/annuity (if the amount differs from the tax directive amount)

R ,

Please provide reason for the difference between the directive and actual amount used to purchase an annuity

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 ,

Details of any portion of gross benefit not being applied to purchase this pension/annuity are as follows:

The pension/annuity is purchased on the following special conditions:

Has a tax directive been applied for at SARS?

Yes No

If yes, provide directive number

5. Statement on behalf of Purchasing Fund

- The amount to be utilised for the purchase of a pension/annuity as set out in section 4 will be paid by means of electronic bank transfer as soon as this recognition of purchase form is returned, fully completed, to the contact person referred to in section 2.
- Confirmation of payment of the amount to be paid will be provided as soon as this has been done.

Recognition of Purchase of a Member/Beneficiary Owned Pension/Annuity

ROT02

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 purchasing fund.)

Signature on behalf of the purchasing fund.

Official stamp

Date (CCYYMMDD)

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

Notes

- 5.1 The recognition of purchase form must be completed when a retirement fund / insurer purchases a compulsory pension / annuity in the name of a member on retirement or in the name of a beneficiary / nominee in the case of 'death'.
- 5.2 The administrator of the transferring fund may only transfer the amount to the receiving fund / insurer upon receipt of all the required information necessary to complete the directive application form in full if the full benefit is not utilised to purchase pension / annuity.
- 5.3 The fund / insurer receiving the amount to purchase a compulsory pension / annuity is responsible for the submission of the completed recognition of purchase of the compulsory pension / annuity form **electronically** to SARS within 30 calendar days of the purchase.
- 5.4 If this confirmation of the purchase is not submitted to SARS, the purchase will be deemed to be a cash withdrawal benefit and will be taxed accordingly.

Recognition of Purchase of a member/beneficiary owned pension/annuity

ROT02

B. On behalf of Receiving Insurer

Amount received R ,

Amount of benefit applied to purchase pension / annuity on directive application (if the amount differs from the actual amount received) R ,

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

Please provide reason for the difference between the directive and actual amount used to purchase an annuity

1. Particulars of Receiving Insurer

Registered Name

FSCA Registered Insurer no. 1 0 / 1 0 / 1 /

Policy number or other reference

Commencement date of the person's policy (CCYYMMDD)

2. Particulars of Contact Person of the Receiving Insurer

Surname

First Name(s)

Company

Tel no. Cell no. Fax no.

E-mail address

Postal Address

Postal Code

3. Particulars of Bank account of Receiving Insurer

Account Holder Name

Name of Bank

Branch Name

Branch no. Account no.

Reference no. for deposit (if applicable)

4. Particulars of person/beneficiary in whose name the pension/annuity is purchased (In case of "Death of the Member/Former Member")

Taxpayer ref no.

Surname / Trust Name

Name(s)

Initials

Date of Birth (CCYYMMDD) / Date of Registration (CCYYMMDD)

Identity Number

Passport/ Permit No / Trust Deed No.

Passport Country / Country of Origin (e.g. South Africa = ZAF)

E-mail address

Cell no.

5. Statement on behalf of Receiving Insurer

- The pension/annuity as set out in paragraph A(4) will be applied for the benefit of the person specified in paragraph A(3)/[B(4) in the case of death of Member/Former Member], by way of an electronic bank transfer as soon as this recognition of purchase form is returned, fully completed, to the contact person referred to in section B(2).
- The pension/annuity shall be a life-long pension/annuity in the name of the person specified in paragraph A(3)/[B(4) in the case of death of Member/Former Member]. However, in the event of a child's pension/annuity the duration of the pension/annuity shall be in accordance with the conditions provided by the purchasing fund.
- If any request is received to deal with the benefit as set out in paragraph A(4) in any manner other than that set out in paragraph A(4), including any request to cancel the purchase to the insurer, such request shall not be implemented by the insurer without the prior written consent of the purchasing fund.

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 insurer.)

Date (CCYYMMDD)

Signature on behalf of the receiving insurer.

Official stamp

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