

FOR OFFICE USE[illegible]

Taxpayer Details

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

Date of Birth (CCYYMMDD)								
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[illegible][illegible]

Passport Country / Country of Origin (e.g. South Africa = ZAF)			
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If the taxpayer/member is not registered for income tax, select one of the following reasons:

Unemployed	<input type="checkbox"/>	Other	<input type="checkbox"/>
Specify other			

[illegible]

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[illegible][illegible][illegible]**Postal Address**[illegible][illegible][illegible]

Particulars of Fund

[illegible][illegible][illegible][illegible][illegible][illegible]

Particulars of Fund (continued)

[illegible][illegible]

Particulars of Gross Lump Sum Due

Reason for directive:	Retirement		Retirement due to ill health		Death prior to Retirement		Transfer prior to Retirement		Discontinued Contributions		Future Surplus	
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Divorce - Member Spouse		Divorce - Non-Member Spouse		Divorce Transfer		Emigration Withdrawal		Withdrawal due to Visa Expiry	
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[illegible][illegible][illegible]

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)

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[illegible]

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?

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.

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)

Where a member's contribution to the fund have exceeded such amounts as ranked for deduction against income in terms of section 11(k) of the Income Tax Act, state total amount of excess during membership.

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FSB Registration no. of transferee fund	1	2	/	8	/	0	0					/	0	0	0	0	0	0
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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 purchase of pension/annuityDid the fund purchase an annuity? Yes ☐ No ☐ If yes, provide details per annuity purchase:

Annuity policy no.	<input type="text"/>	Amount utilised to purchase an annuity R	<input type="text"/>	,	<input type="text"/>
Name of the registered long-term insurer where the annuity was purchased:	<input type="text"/>				
Email address of insurer	<input type="text"/>				
FSB Registered Insurer no.	<input type="text"/>	Tel no.	<input type="text"/>	Cell no.	<input type="text"/>

Death prior to retirement, the following fields are also mandatory for this purchase:

Surname	<input type="text"/>				
Name(s)	<input type="text"/>				
Identity Number	<input type="text"/>	Date of Birth (CCYYMMDD)	<input type="text"/>	Passport/Permit no.	<input type="text"/>
Taxpayer ref no.	<input type="text"/>				

Annuity policy no.	<input type="text"/>	Amount utilised to purchase an annuity R	<input type="text"/>	,	<input type="text"/>
Name of the registered long-term insurer where the annuity was purchased:	<input type="text"/>				
Email address of insurer	<input type="text"/>				
FSB Registered Insurer no.	<input type="text"/>	Tel no.	<input type="text"/>	Cell no.	<input type="text"/>

Death prior to retirement, the following fields are also mandatory for this purchase:

Surname	<input type="text"/>				
Name(s)	<input type="text"/>				
Identity Number	<input type="text"/>	Date of Birth (CCYYMMDD)	<input type="text"/>	Passport/Permit no.	<input type="text"/>
Taxpayer ref no.	<input type="text"/>				

Particulars of purchase of pension/annuity (continued)

Annuity policy no.	<input type="text"/>	Amount utilised to purchase an annuity R	<input type="text"/>	,	<input type="text"/>
Name of the registered long-term insurer where the annuity was purchased:	<input type="text"/>				
Email address of insurer	<input type="text"/>				
FSB Registered Insurer no.	<input type="text"/>	Tel no.	<input type="text"/>	Cell no.	<input type="text"/>

Death prior to retirement, the following fields are also mandatory for this purchase:

Surname	<input type="text"/>				
Name(s)	<input type="text"/>				
Identity Number	<input type="text"/>	Date of Birth (CCYYMMDD)	<input type="text"/>	Passport/Permit no.	<input type="text"/>
Taxpayer ref no.	<input type="text"/>				

Annuity policy no.	<input type="text"/>	Amount utilised to purchase an annuity R	<input type="text"/>	,	<input type="text"/>
Name of the registered long-term insurer where the annuity was purchased:	<input type="text"/>				
Email address of insurer	<input type="text"/>				
FSB Registered Insurer no.	<input type="text"/>	Tel no.	<input type="text"/>	Cell no.	<input type="text"/>

Death prior to retirement, the following fields are also mandatory for this purchase:

Surname	<input type="text"/>				
Name(s)	<input type="text"/>				
Identity Number	<input type="text"/>	Date of Birth (CCYYMMDD)	<input type="text"/>	Passport/Permit no.	<input type="text"/>
Taxpayer ref no.	<input type="text"/>				

If no, is the fund paying the annuity? Yes ☐ No ☐

[illegible]

Period of Employment in Public Sector Fund (excluding AIPF) [Only applicable where a benefit was paid into the current fund from a public sector fund]

Date From (CCYYMMDD)

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Date To (CCYYMMDD)

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 Completed years

[illegible]

Date the amount was transferred from public sector fund (CCYYMMDD)							
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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 ☐

Is the certificate of residency of the new country of residence attached?

Yes ☐ No ☐

Please state date of emigration. (CCYYMMDD)

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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

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 ☐

Did the member exit South Africa?

Yes ☐ 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.

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