

## A. On behalf of Purchasing Fund/Insurer

### 1. Particulars of Purchasing Fund/Insurer

Registered Name of Fund																																
FSB Registration no.	1	2	/	8	/																											
Fund Approval No. (Public Sector Funds only)	1	8	2	0	4																											
FSB Registered Insurer no.	1	0	/	1	0	/	1	/	0	0																						
Type of fund: (Mark the applicable block)	<div>Pension Fund</div> <div>Provident Fund</div> <div>Retirement Annuity Fund</div> <div>Pension Preservation Fund</div> <div>Provident Preservation Fund</div>																															
Indicate whether this fund/insurer is:	<div>Approved Fund</div> <div>Public Sector Fund</div> <div>Insurer</div> <div>Other</div>																															

### 2. Particulars of contact person of the Purchasing Fund/Insurer

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

#### Postal Address

																									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																																
Name(s)																																
Initials											Date of Birth (CCYYMMDD)											Identity no.										
Passport/ Permit no.											Passport Country / Country of Origin (e.g. South Africa = ZAF)																					
E-mail address																																
Cell no.											Date of retirement/death/transfer as per directive (date of accrual)																					
Public Sector Fund: (Only complete these dates if a public sector fund)											Commencement date of pensionable service (CCYYMMDD)											End date of pensionable service (CCYYMMDD)										

## 4. Particulars of purchased pension/annuity

Amount of member's gross benefit

R 



 ,

Amount of benefit applied to purchase pension/annuity

R 



 ,

Any additional amount following the tax directive issue date?

R 



 ,

Amount of benefit representing pensionable service in the public sector fund

R 



 ,

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

R 



 ,

Total contributions by member 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.

## 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)



For enquiries go to [www.sars.gov.za](http://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 fund purchasing the pension/annuity is responsible for the submission of the completed recognition of purchase of the compulsory pension/annuity form to one of the following email addresses or fax numbers at SARS within 30 calendar days of the purchase:
- For taxpayers residing in Gauteng North (including Centurion and Pretoria), North West, Mpumalanga and Limpopo, please use: [Contact.north@sars.gov.za](mailto:Contact.north@sars.gov.za) or fax number 0126706880
- For taxpayers residing in Gauteng South (including Midrand, the Greater Johannesburg area, Kempton Park, Boksburg, Vereeniging and Springs), the Free State and Northern Cape, please use: [Contact.central@sars.gov.za](mailto:Contact.central@sars.gov.za) or fax number 0102085005
- For taxpayers residing in KZN and the northern parts of the Eastern Cape (up to and including East London), please use: [Contact.east@sars.gov.za](mailto:Contact.east@sars.gov.za) or fax number 0313286018
- For taxpayers residing in the Eastern Cape south of East London and the Western Cape, please use: [Contact.south@sars.gov.za](mailto:Contact.south@sars.gov.za) or fax number 0214138905
- 5.3 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.



## 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.	<div></div>																													
Surname	<div></div>																													
Name(s)	<div></div>																													
Initials	<div></div>					Date of Birth (CCYYMMDD)	<div></div>					Identity Number	<div></div>																	
Passport/ Permit no.	<div></div>										Passport Country / Country of Origin (e.g. South Africa = ZAF)	<div></div>																		
E-mail address	<div></div>																													
Cell no.	<div></div>																													

## 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

<div> <div>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.)</div> <div> <div>Date (CCYYMMDD)</div> <div><div></div></div> </div> </div>	<div> <div>Signature on behalf of the receiving insurer.</div> <div><div></div></div> </div>	<div> <div>Official stamp</div> <div><div></div></div> </div>
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For enquiries go to [www.sars.gov.za](http://www.sars.gov.za) or call 0800 00 SARS (7277)