

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)

4. Particulars of benefit to be transferred

Amount of member's gross benefit

R ,

Amount of benefit to be transferred

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 transferred are as follows:

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

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 SARS (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 transferring fund is responsible to ensure that the benefit is transferred to an approved fund and that the completed recognition of transfer form is submitted to one of the following email addresses or fax numbers at SARS within 30 calendar days of the transfer:
- For taxpayers residing in Gauteng North (including Centurion and Pretoria), North West, Mpumalanga and Limpopo, please use: 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 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 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 or fax number 0214138905
- 5.3 The administrator of the transferring fund may only transfer the amount to the receiving fund upon receipt of the completed recognition of transfer form from the receiving fund. The administrator of the receiving fund must complete the recognition of transfer form in order to receive the transfer amount. Upon receipt of the transfer amount, the receiving fund must provide the transferring fund with a confirmation of receipt of the transfer amount. The confirmation can be done via e-mail, fax or by a letter. The confirmation must be filed together with a copy of the recognition of transfer form.
- 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.



Recognition of Transfer between Approved Funds (Before Retirement)

ROT01

B. On behalf of Receiving Fund

Amount
receivedR Any additional amount following the tax directive issue date? R

1. Particulars of the Receiving Fund

Registered Name FSB Registration
No. Fund Approval No. (Applicable to Public Sector Funds) Membership
Number

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 Receiving Fund

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

Postal Address

 Postal Code

3. Particulars of Bank account for the Receiving Fund

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

ROT01

Version: v2017.00.08

Page of Page: 04/05

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)

--	--	--	--	--	--	--	--

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