

## Request for a Tax Deduction Directive Retirement Annuity Funds

FORM C

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Application no.																																															
Тахрауе	r De	etail	s																																												
Taxpayer reference no.																Yea	r of A	sses	smer	nt end	led o	n (C(	CYYN	MMDI	D)																						
Surname																																															
Name(s)																																															
Initials							Da	ate of	Birth	(CC)	YYMI	MDD)										lden	ntity n	umb	er																						
Passport/ Permit no.																							Pas	sspor	t Cou	ıntry	/ Cou	ıntry	of Or	igin (e	e.g. S	outh	Africa	= ZA	F)												
If the taxpayer/me	mber is	not re	gistere	ed for ir	ncome	tax,	selec	t one	of the	e follo	wing	reas	ons:	Uı	nemp	loyed	d		Othe	r		S	pecif	y oth	er																						
Annual income	R																					En	nploy	ee n	0.																						
Is the taxpayer a r	non-resi	ident?	Ye	es	N	lo		•	Is th	ne cer	tifica	te of ı	eside	ncy (	, citize	nship	certi	ficate	e whe	re D1	ΓA is	not a	applic	able)	attac	ched	? Ye	s		•	No			·	•		•	_									
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Particul	ars (	of F	un	d																																											
Name of fund																																															
Contact person																																															
E-mail address																		Ī																Ī													j
Tel no.																Р	olicy	num	ber																												
Fund PAYE reference no.	7				Ī						FSB	Regi	stratio	on no	1	2	. /	8	3 /	' C	)	0	Ī	Ī				1	0	0	0	0	0	0	T	ype o	of fund	l: Re	etirem	ent ar	nnuity	у [					

Particulars of Fund (continued)
Postal Address
Postal Code Postal Code
Indicate whether this fund is:  An approved fund  Other  Specify other
Particulars of Gross Lump Sum Due
Reason for directive: Retirement
Divorce - Member Spouse Divorce - Non-Member Spouse Divorce Transfer Emigration Withdrawal Withdrawal Use to Visa Expiry
Date of accrual (CCYYMMDD)  Date of death of member (if applicable) (CCYYMMDD)
Gross amount of lump sum payment (Including the amount deemed to be accrual of par 2B of the Second Schedule)
Total value of full annuity R , ,
Amount distributed to non-member spouse in respect of divorce order (if date of accrual is before 1 March 2012)
Date of divorce order (CCYYMMDD)
Transfer by non-member spouse previously taxed R ,
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.
Particulars of transfer
Did the fund transfer the benefit to another fund before retirement? Yes No Transferee fund type: Retirement fund The amount transferred to the transferee fund R ,
Name of transferee fund
E-mail address of transferee fund
Tel no. of transferee fund  Cell no. of transferee fund
FSB Registration no. of transferee fund
State if the transfer/purchase of the annuities is subject to special conditions. If yes, confirm the applicable provision in the fund rules:

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Particulars of pure	hase	of pe	ensi	on/a	nnu	ity																																											
Did the fund purchase an ar	nuity?	Yes		No		If	yes, p	orovi	de de	etails	per a	annu	ity p	urch	ase:																																		
Annuity policy no.																								Am	ount	utilise	ed to	purc	hase	an a	nnuit	y <b>R</b>									$\perp$	$\perp$		$\perp$	$\Box$		,		
Name of the registered long- term insurer where the annuity was purchased:																																										$\perp$							
annuity was purchased:																																									$\perp$	$\perp$		$\perp$	$\prod$	$\Box$		$\prod$	_
Email address of insurer																																									$\perp$	$\perp$		$\prod$	$\prod$	$\prod$		$\prod$	_
FSB Registered Insurer no.	1	0 /	/ 1	0	1	1	1	0	0						Tel no	o																		Ce	ell no							$\perp$							
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Taxpayer ref no.																																																	

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Particulars of purc	hase	of p	ens	ion/	ann	uity	(CC	ntir	nue	d)																													
Annuity policy no.																					,	Amou	nt util	lised t	to pu	rchas	se an	annu	ity <b>R</b>									,	
Name of the registered long- term insurer where the annuity was purchased:					<u> </u>			<u></u>				L			I		I								L	<u></u>		<u> </u>							F				
Email address of insurer																										<u> </u>													
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annuity was purchased:																																			L				
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Particulars of purchase of pension/annuity (continued)	
If no, is the fund paying the annuity? Yes No	If yes, state the amount remaining in the fund to purchase the annuity R ,
Period of Employment in Public Sector Fund (exc	luding AIPF) [Only applicable where a benefit was paid into the current fund from a public sector fund]
Date From (CCYYMMDD)	IDD) = Completed years
Amount transferred or the amount attributed to the period of membership in the public sector fund	R Date the amount was transferred from public sector fund (CCYYMMDD)
Emigration withdrawal	
Was an application for emigration recognised by the Reserve Bank?	Yes No No
Is proof of a valid Tax Clearance certificate attached?	Yes No No
Is the certificate of residency of the new country of residence attached?	Yes No No
Please state date of emigration. (CCYYMMDD)	
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 No
Did the visa expire?	Yes No No
Did the member exit South Africa?	Yes No No
Please note: if the answer to any of the above questions is "Yes", copies of the said documentation	n 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.	Date (CCYYMMDD)  For enquiries go to www.sars.gov.za or call 0800 00 7277.

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