

Request for a Tax Deduction Directive After Retirement and Death - Annuity Commutations

FORM E

FOR OFFICE USE														
Application no.														
Taxpayer Details														
Taxpayer reference no. Year of Assessment ended on (CCYYMMDD)														
Surname Union Description of the Control of the Con														
Name(s)														
Initials Date of Birth (CCYYMMDD) Identity number														
Passport/ Permit no. Passport Country / Country of Origin (e.g. South Africa = ZAF)														
If the taxpayer/member is not registered for income tax, select one of the following reasons: Unemployed Other Specify other														
Annual income R , , , , , , , , , , , , , , , , , ,														
the taxpayer a non-resident? Yes No Is the certificate of residency (citizenship certificate where DTA is not applicable) attached? Yes No														
Residential Address														
Postal Code														
Postal Address														
Postal Code Postal Code														
Particulars of Fund/Insurer														
Registered Name of Fund/ Insurer														
Indicate whether this fund/ Indicate whether this fund/ Insurer Insure														
FSB Registration 1 2 / 8 / 0 0														
Contact Person														
E-mail address of Administrator														

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Particulars of Fund/Insurer (continued)	
Tel no. Policy No. PAYE Reference no. 7	$\overline{\Box}$
Postal Address	
Postal Code Postal Code	$\overline{\Box}$
Particulars of Gross Lump Sum Due	
Reason for directive: Death Member / Former Member after Retirement Par. (c) Living Annuity Commutation Gn16: Existing Annuity Death - Next Generation Annuitant Next Generation Annuitant Transfer of an annuitant Commutation	nuity
Date of accrual (CCYYMMDD)	
Gross amount of lump sum payment R ,	
Full value of annuity R , ,	
Retirement interest at retirement date (only applicable for reason "Gn16 Existing Annuity Commutation")	
Identity Number Passport no. of original member	
Full name(s) of original member	
Was any value of the annuity or retirement interest previously commuted for a single payment?	
Member / Former Member benefit payable—Note: only applicable to reasons for directive: "Death – Member / Former Member after retirement", "GN16 Commutation" and "Par. (c) Living Annuity Commutation" Yes No	
Next Generation Annuitant benefit payable Note: only applicable to reasons for directive "Next Generation Annuitant Commutation" or "Death – Next Generation Annuitant".	
Member's contributions not previously allowed as a deduction. R	
Particulars of transfer	
Did the member elect to transfer to another insurer? Yes No If yes, state Insurer details below:	
Registered Name of Insurer	$\overline{}$
FSB Registered Insurer no.	
Amount transferred R , , ,	
E-mail address of Insurer	
Tel no. Cell no.	

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Particulars of trans	ier (c	onti	nued	l)																																																					
State if the transfer/purchase	asse of the annuities is subject to special conditions. If yes, confirm the applicable provision in the fund rules: Constitution Provision Prov																																																								
Particulars of pensi	on/an	nuit	y pu	rcha	ase f	for a	be	nefi	ciar	y/nc	omi	nee																																													
If death of member / annuitant	, please	indica	ite wh	ether a	any po	ortion (of the	total	value	of the	e ann	uity w	as use	d to p	urcha	ase ar	n ann	uity fo	or a b	enefic	iary/n	omine	ee: \	es		No		(If an	annu	uity/pe	nsion	was	purcha	ased	from	anoth	er ins	surer,	state	the de	etails	below:)														
Surname																																																									
Name(s)																																																									
Identity number																										Other	Ident	tity nu	ımber																	_											
Annuity policy number																						Am	ount	utilise	d to p	urchas	se an	annui	ity R	2],[
Name of the registered long- term insurer where the																																																									
term insurer where the annuity was purchased																																																									
E-mail address																																																									
FSB Registration no.	1	0 /	1	0	1	1	1	0	0					Tel no	١.																Cel	l no.																									
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Particulars of pensi	on/ann	uity	pur	chas	se fo	or a	ben	efic	iary	/nor	nine	e (C	ont	inue)																						
Surname																																					
Name(s)																																					
Identity number																							Of	ther Id	lentity	numbe	er [Τ					
Annuity policy number																			,	Amour	nt util	ised to	o puro	hase	an ar	nuity	R [
Name of the registered long- term insurer where the annuity was purchased																																					
annuity was purchased																																					
E-mail address																																					
FSB Registration no.	1 0	1	1	0	1	1	/	0 0)				Te	l no.														С	ell no.								
Surname																																					
Name(s)																																					
Identity number																							Ot	her Id	entity	numbe	er										
Annuity policy number	Amount utilised to purchase an annuity R																																				
Name of the registered long-																																					
Name of the registered long- term insurer where the annuity was purchased																																					
E-mail address																																					
FSB Registration no.	1 0	1	1	0	,	1	/	0 0)				Te	l no.														С	ell no.								
Non Resident Servi	ce Rei	nder	ed ir	nside	e the	e Re	puk	olic	[Se	ectic	n 9	(2)(i)]																								
Were any services rendered in	side the f	Republ	lic duri	ing the	e perio	od of r	memb	ership	of the	e fund	l?		,	Yes		No																					
Total number of months service	es were r	endere	ed whi	ile con	tributii	ng to	fund																														
Total number of months service	es were i	ender	ed insi	ide the	e Repu	ublic v	while	contrib	outing	to fur	ıd																										
Total number of months servi	ces were	render	red ou	tside t	the Re	publi	c while	e cont	tributir	ng to f	und																										
Declaration																																					
I declare that the information furnish	ned is true a	and corre	ect in ev	very res	pect.																					Date (0	CCYY	′MMD	D) [For	enquirie (es go to call 0800	www.sa) 00 727	rs.gov.za or 7

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