

**FOR OFFICE USE**

Taxpayer Details

Residential Address

Postal Address

Particulars of Fund

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Particulars of Fund (continued)

Participating Employer Name

Type of fund:

Pension

Provident

Pension Preservation

Provident Preservation

Postal Address

Postal Code

Indicate whether this fund is:

A public sector fund

An approved fund

Other

Specify other

Particulars of Gross Lump Sum Due

Reason for directive:

Retirement

Retirement due to ill-health

Death before Retirement

Provident Fund Deemed Retirement

Date of accrual CCYYMMDD)

Date on which the member became a member of the fund (CCYYMMDD)

Gross amount of lump sum payment (Including the amount deemed to be accrual in respect of par 2B of the Second Schedule)

R ,

Gross amount of total benefit

R ,

Amount attributed to a non-member's spouse in respect of divorce order

R ,

In case of a provident fund, total contributions by member to the fund up to 1 March 2016 (excluding interest and profit)

R ,

In case of a provident fund, total contributions by member to the fund after 1 March 2016 (excluding interest and profit)

R ,

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)

R ,

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

R ,

Former AIPF member's contributions transferred to the fund

R ,

Transfer by non-member spouse previously taxed

R ,

Was a period consisting of a number of completed years used to determine the quantum of the benefit in terms of a formula prescribed in terms of the rules of the fund? Yes ☐ No ☐

If "YES", state the period of employment taken into account in terms of the rules of the fund:

Date From (CCYYMMDD)

Date To (CCYYMMDD)

= Completed years

If "NO", state the period of membership of this fund during which contributions were made:

Date From (CCYYMMDD)

Date To (CCYYMMDD)

= Completed years

Was a previous partial withdrawal taken from the preservation fund before this payment? Yes ☐ No ☐

If yes, state the particulars below:

Date of partial withdrawal (CCYYMMDD)

Amount of partial withdrawal R ,

Directive number

Pension/annuity purchase detailsDid the fund purchase a pension/annuity? Yes ☐ No ☐ (If yes, state the particulars per pension/annuity purchase)

Pension/annuity Policy number	<input type="text"/>	Amount utilised to purchase a pension/annuity R	<input type="text"/>	,	<input type="text"/>
Name of the registered long-term insurer where the pension/annuity was purchased	<input type="text"/>				
E-mail 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"/>				

Pension/annuity Policy number	<input type="text"/>	Amount utilised to purchase a pension/annuity R	<input type="text"/>	,	<input type="text"/>
Name of the registered long-term insurer where the pension/annuity was purchased	<input type="text"/>				
E-mail 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"/>				

Pension/annuity purchase details continued

Pension/annuity Policy number	<input type="text"/>	Amount utilised to purchase a pension/annuity R	<input type="text"/>	,	<input type="text"/>
Name of the registered long-term insurer where the pension/annuity was purchased	<input type="text"/>				
E-mail 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"/>				

Pension/annuity Policy number	<input type="text"/>	Amount utilised to purchase a pension/annuity R	<input type="text"/>	,	<input type="text"/>
Name of the registered long-term insurer where the pension/annuity was purchased	<input type="text"/>				
E-mail 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"/>				

Pension/annuity purchase details continued

State if the purchase of the annuities is subject to special conditions. If yes, confirm the applicable provision in the fund rules.

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

If yes, state the amount remaining in the fund to purchase the annuity R ,

Non Resident Service Rendered inside the Republic [Section 9(2)(I)]

Were any services rendered inside the Republic during the period of membership of the fund? Yes ☐ No ☐

Total number of months services were rendered while contributing to fund

Total number of months services were rendered inside the Republic while contributing to fund

Total number of months services were rendered outside the Republic while contributing to fund

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) Date To (CCYYMMDD) = 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)

Details of salary earned (only applicable for date of accruals prior to 1 October 2007)

Highest average salary earned by the taxpayer during any 5 consecutive years in the service of the employer during his membership of the fund:

Date From (CCYYMMDD)	<input type="text"/>	Date To (CCYYMMDD)	<input type="text"/>	Salary	R	<input type="text"/>	, <input type="text"/>
Date From (CCYYMMDD)	<input type="text"/>	Date To (CCYYMMDD)	<input type="text"/>	Salary	R	<input type="text"/>	, <input type="text"/>
Date From (CCYYMMDD)	<input type="text"/>	Date To (CCYYMMDD)	<input type="text"/>	Salary	R	<input type="text"/>	, <input type="text"/>
Date From (CCYYMMDD)	<input type="text"/>	Date To (CCYYMMDD)	<input type="text"/>	Salary	R	<input type="text"/>	, <input type="text"/>
Date From (CCYYMMDD)	<input type="text"/>	Date To (CCYYMMDD)	<input type="text"/>	Salary	R	<input type="text"/>	, <input type="text"/>

Total R ,

Average for 5 years or lesser period if employee employed for lesser period R ,

On death: The member's salary during 12 months immediately preceding death R ,

Note: Salary includes any amount received or receivable annually under a contract of service including cost of living allowances, commission, shares of profits, etc., but not occasional bonuses or fees which were dependent on the whim of directors or employer.

Particulars of employer (only applicable for date of accruals prior to 1 October 2007)

[illegible][illegible]

Contact Person

[illegible]

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[illegible]

Residential Address

[illegible][illegible]

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