

Request for a Tax Deduction Directive Pension and Provident Funds on Retirement/Death before Retirement

FORM A&D

FOR OFFICE L	JSE																																
Application no.																																	
Taxpayer Deta	ils																																
Taxpayer reference no.							Year	r of Ass	sessm	ent ende	ed on (C	CCYYM	MDD)																				
Surname																																	
Name(s)																																	
																																\perp	
Initials			Date	e of Bi	irth (CC	YYMMD	D)							Identity	Numbe	er																	
Passport/ Permit no.														Pas	sport C	Country	/ Coun	try of O	rigin (e	.g. Sout	h Africa	= ZAF	=)										
If the taxpayer/member is no	ot registered fo	or income	tax, select	one c	of the fo	llowing re	easons:	Un	employ	yed	Ot	her		Speci	fy othe	er																	
Annual income R													Em	ployee	numbe	er																	
Is the taxpayer a non-reside	nt? Yes	No		ls	s the ce	rtificate o	of reside	ency (ci	itizensl	hip certi	ficate o	nly whe	re DTA	is not a	applical	ble) att	ached?	Yes	6		No												
Residential Addre	Residential Address																																
																																\perp	
																										Po	ostal C	ode					
Postal Address																																	
																										Pos	tal Cod	e [
Particulars of	Fund																																
Registered Name of Fund																																	
Contact Person																																	
E-mail address												T										Ī	Ī										
Tel no.											М	embers	hip nu	mber		İ		Ť		i			Fund	Approvicable to	/al no.	Sector	Funde\	1	8	2 0	4	$\overline{+}$	$\overline{}$
Fund PAYE Reference no.	7												•	L				FS	SB Reg	istration	no.	1 :	2 /			0 0					1	十	\pm
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Particulars of Fund (continued)												
Participating Employer Name												
Type of fund: Pension Provident Provident Provident 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)												
Gross amount of total benefit ,												
Amount attributed to a non-member's spouse in respect of divorce order												
In case of a provident fund, total contributions by member to the fund up to 1 March 2016 (excluding interest and profit)												
In case of a provident fund, total contributions by member to the fund after 1 March 2016 (excluding interest and profit)												
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 allowed for deduction against income in terms of section 11(k), state total amount of excess during membership.												
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												

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Pension/annuity pu	rchase details	3																																
Did the fund purchase a pensi	ion/annuity? Yes	No [(If yes	s, state	the par	ticular	s per pe	ension/a	nnuit	y purc	hase)																						
Pension/annuity Policy number													A	mount u	tilised	to purch	hase	a pensi	on/an	nuity [₹ _],[
Name of the registered long- term insurer where the																													\Box					
pension/annuity was purchased																													T					
E-mail address of insurer																	Ť						Ì						Ť	$\overline{\Box}$				
FSB Registered Insurer no.	1 0 / 1	0 /	1 /	0	0			Tel no														Се	ll no.											
Death prior to retirement, th	ne following fields a	re also man	datory fo	or this p	ourchas	se:																												
Surname																																		
Name(s)																																		
Identity Number							Da	ite of Birt	h (CCYY	MMDE	0)							Pass	port/P	ermit no	o								T					
Taxpayer ref no.																																		
Tel III.																																		
Pension/annuity Policy number													Α	mount u	tilised	to purcl	hase	a pensi	ion/an	nuity	₹ _],[
Name of the registered long- term insurer where the																																	Ť	
pension/annuity was purchased																													$\overline{}$					
E-mail address of insurer																	Ì	Ť					Ì	İ	T	i			$\overline{\top}$	$\overline{\Box}$	一	Ŧ		
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Pension/annuity pu	rcha	se d	etail	s cc	ontin	ued																																		
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Name of the registered long- term insurer where the pension/annuity was purchased			<u> </u>						<u> </u>													<u> </u>	<u> </u>	T T				<u> </u>	<u> </u>			<u> </u>		<u> </u>	<u> </u>	<u> </u>				
E-mail address of insurer			$\overline{}$	T																	T		\top				T	T											Ť	
FSB Registered Insurer no.	1	0	/		1	1	1	0	0				Tel no).										Ī				·	Ce	ell no.										
Death prior to retirement, th	ne follo	wing	fields	are al	so ma	ndato	ory fo	r this	purch	ase:																														
Surname				Τ														Τ															Τ							
Name(s)				Ī	Ī													Ī								i						Ť	Ī							
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Taxpayer ref no. Pension/annuity Policy number																				Amo	unt utili	sed to	o purch	nase a	a pensio	on/ann	nuity	 R [<u> </u>
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Name of the registered long- term insurer where the pension/annuity was purchased				<u> </u>																		<u> </u> 												<u> </u>	<u> </u> 	<u> </u>				
E-mail address of insurer																																								
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Pension/annuity purchase details continued tate 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 prio	or to 1 October 2007)										
Highest average salary earned by the taxpayer during any 5 consecutive years in the service of the employer during his me	nembership of the fund:										
Date From (CCYYMMDD) Date To (CCYYMMDD)	Salary R , ,										
Date From (CCYYMMDD)	Salary R , ,										
Date From (CCYYMMDD)	Salary R										
Date From (CCYYMMDD)	Salary R ,										
Date From (CCYYMMDD)	Salary R										
	Total R										
Average t	for 5 years or lesser period if employee employed for lesser period R										
On death	th: 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 allow	wances, commission, shares of profits, etc., but not occasional bonuses or fees which were dependent on the whim of directors or employer.										

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Particulars of employer (only applicable for date of accruals	prior to 1 October 2007)		
Name of Employer			
PAYE ref no. 7			
Contact Person			
Surname Initials Tel no.			
Residential Address			
		Postal Code	
Postal Address			
		Postal Code	
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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