

Particulars of Fund

Registered Name of Fund

Contact Person

Email address of Administrator

Tel No. Membership No. Fund Approval No. (Applicable to Public Sector Funds) **1 8 2 0 4**

Fund PAYE Reference No. **7** FSB Registration No. **1 2 / 8 /**

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 If other, Specify

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 ,

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. 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, provide 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, provide the period of membership of this fund during which contributions were made:
 Date From (CCYYMMDD) Date To (CCYYMMDD) = Completed years

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 Telephone 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 SARS (7277)