

Particulars of Fund (continued)

Postal Address

	Postal Code

Indicate whether this fund is: An approved fund Other Specify other

Particulars of Gross Lump Sum Due

Reason for directive: Retirement Retirement due to ill health Death prior to Retirement Transfer prior to Retirement Discontinued Contributions Future Surplus

Divorce - Member Spouse Divorce - Non-Member Spouse Divorce Transfer Emigration Withdrawal Withdrawal due to Visa Expiry

Date of accrual (CCYYMMDD) Commencement date of policy (CCYYMMDD) Date of death of member (if applicable) (CCYYMMDD)

Gross amount of lump sum payment (Including the amount deemed to accrue in terms of par 2B of the Second Schedule) R ,

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) R ,

Date of divorce order (CCYYMMDD) R ,

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? R ,

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. 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 member contributions to the fund have exceeded such amounts as allowed for deduction against income, state total amount of excess contributions. R ,

If the amount is from a Provident Fund, indicate total provident fund contributions by member up to 1 March 2016. R ,

If the amount is from a Provident Fund, indicate total provident fund contributions after 1 March 2016. R ,

Was there a partial withdrawal amount taken from this benefit in the previous Fund? Yes No

If yes, state the particulars below:

Date of partial withdrawal (CCYYMMDD) Amount of partial withdrawal R ,

Directive number

Particulars of Gross Lump Sum Due (continued)

Date of partial withdrawal (CCYYMMDD)

Amount of partial withdrawal R ,

Directive number

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:

Particulars of purchase of pension/annuity

Did the fund purchase an annuity? Yes No If yes, state the particulars per annuity purchase:

Annuity policy number

Amount utilised to purchase an annuity R ,

Name of the registered long-term insurer where the annuity was purchased:

Email address of insurer

FSB Registered Insurer no.

Tel no.

Cell no.

Death prior to retirement, the following fields are also mandatory for this purchase:

Surname

Name(s)

Identity Number

Date of Birth (CCYYMMDD)

Passport / Permit no.

Taxpayer reference no.

Particulars of purchase of pension/annuity (continued)

Annuity policy number Amount utilised to purchase an annuity R ,

Name of the registered long-term insurer where the annuity was purchased:

Email address of insurer

FSB Registered Insurer no. 1 0 / 1 0 / 1 / Tel no. Cell no.

Death prior to retirement, the following fields are also mandatory for this purchase:

Surname

Name(s)

Identity Number Date of Birth (CCYYMMDD) Passport / Permit no.

Taxpayer reference no.

Annuity policy number Amount utilised to purchase an annuity R ,

Name of the registered long-term insurer where the annuity was purchased:

Email address of insurer

FSB Registered Insurer no. 1 0 / 1 0 / 1 / Tel no. Cell no.

Death prior to retirement, the following fields are also mandatory for this purchase:

Surname

Name(s)

Identity Number Date of Birth (CCYYMMDD) Passport / Permit no.

Taxpayer reference no.

Particulars of purchase of pension/annuity (continued)

Annuity policy number Amount utilised to purchase an annuity R ,

Name of the registered long-term insurer where the annuity was purchased:

Email address of insurer

FSB Registered Insurer no. 1 0 / 1 0 / 1 / Tel no. Cell no.

Death prior to retirement, the following fields are also mandatory for this purchase:

Surname

Name(s)

Identity Number Date of Birth (CCYYMMDD) Passport / Permit no.

Taxpayer reference no.

Is the fund paying the annuity? Yes No If yes, state the amount remaining in the fund to pay the annuity R ,

Period of Employment in Public Sector Fund (excluding AIPF)

Date From (CCYYMMDD) Date To (CCYYMMDD) = Completed years

The original amount attributed to the above period of membership in the public sector fund (full benefit) R , Date the amount was transferred from public sector fund (CCYYMMDD)

Date of transfer from first approved fund (CCYYMMDD) Was the benefit received directly from a Public Sector Fund? Yes No

Did the previous Fund indicate the benefit was from a Public Sector Fund? Yes No

Emigration withdrawal

Was an application for emigration recognised by the Reserve Bank? Yes No

Is proof of a valid Tax Clearance certificate attached? Yes No

Is the certificate of residence of the new country of residence attached? Yes 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

Did the visa expire?

Yes No

Did the member exit South Africa?

Yes No

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.

Declaration

I declare that the information furnished is true and correct in every respect.

Date (CCYYMMDD)

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For enquiries go to www.sars.gov.za or call 0800 00 7277.