

Request for a Tax Deduction Directive Pension and Provident Funds - Events Before Retirement or Death

FORM B

| FOR OF | FICE | US | SE . | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Application no. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Taxpaye | er De | etail | s | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Taxpayer ref no. | | | | | | | | | Ye | ear of A | Assessm | nent en | ded on | (CCY | YMMD | D) [| | | | | | | | | | | | | | | | | |
| Surname | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| First Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Initials | | | | | [(| Date of E | Birth IMDD) | | | | | | | | ID N | L | | | | | | | | | | | | | | | | | |
| Other Identification | | | | | | | | | | | | | | | | S | pecify lentific | other cation | | | | | | | | | | | | | | | |
| If the taxpayer/me | mber is | not re | gistered | for incor | ne tax | , select | one of | the follo | wing re | easons | | Uner | mploye | d | Ot | her | | If ot | | | | | | | | | | | | | | | |
| Annual income | 2 | | | | | | | | | | | Empl | oyee n | 0. | | | | | | | | | | | | | | | | | | | |
| Is the taxpayer a r | non-res | ident? | Yes | | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Residentia | ıl Ad | dress | ; | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Postal Add | ess | | | | | | | | | | | | | | | | | | | | | | | | | | _ | · | • | | | • | |
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| Particula | rs o | f Fu | ınd | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------------------------------|----------|-----------|---------|---------------|----------|----------|-------------|--------------|---------------|---------|-----------|-----------|-------------|----------|----------|---------|----------|--------|-----------------------|-----|------------------|----------|---------|---------|------------|--------|--------|----------|---------|-------------------|-----------------------|---------|--------|-------|----------|----------------|----------|---------------|----------|---------------|---------------|---------------|---|-----------|---|--|--|--|
| Registered Name of Fund | | | | | | | | T | | | | | | | | | | | | | | | | | | Т | | | | | | | | | | | | | | | T | T | | 7 | | | | |
| Contact Person | | | | | | | | | | | T | | | | | | | | T | | T | | | | Ť | | | | | | | | | | T | | | П | | Ħ | 寸 | 寸 | | Ī | | | | |
| Email address of Administrator | | | | | 1 | | | | | | \forall | | | | | | | | Ť | | | | | | Ť | | | | П | | | | Ť | | | | | Н | | | \pm | 茾 | | i | | | | |
| Tel No. | | | | | | | | | | T | | | 1 | Me | embe | ership | No. | | | | | | | | | | | Fu | nd Ap | proval ctor Fu | No. (A | Applica | ble to | 1 | 8 | 2 | 0 | 4 | | | \mp | \pm | | | | | | |
| Fund PAYE Reference No. | 7 | | | | | \pm | | |] | FS | B Re | gistratio | 」 on No. | 1 | 2 | 1 | 8 | 7 | | | | | | | 1 | | | Tu | DIIC 36 | CIOI I U | iiius) | | | L- | | _ | | | | | | | | | | | | |
| Reference No. | | | | | | + | | | | | 1 | 9.0 | | <u> </u> | <u> </u> | | | + | | | | | | | <u>' </u> | | + | | | | | | | | | | Τ_ | $\overline{}$ | | $\overline{}$ | $\overline{}$ | $\overline{}$ | | 7 | | | | |
| Participating Employer Name | | | | $\frac{1}{1}$ | | + | | | | | | | | <u> </u> | | | <u> </u> | _ | $\frac{\perp}{\perp}$ | | $\frac{\perp}{}$ | | | | | + | \pm | 1 | | | $\frac{\perp}{\perp}$ | | | | <u> </u> | 1 | \vdash | | \dashv | | <u> </u> | \dashv | | \exists | | | | |
| | | | | \perp | | | | | \sqsubseteq | l l | ensio | ın | | | 1 | Provid | lent | | | | | | | | | | | | | | | | | | | | | | Ш | | | | | | | | | |
| Type of fund | Pensi | ion | | | - | Provide | ent | | | | | vation | | | | Prese | | n | L | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Postal Addre | ess | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | Ť | Ť | | i | | Ť | | | Ī | | | Ì | | | | | | | İ | | Ì | | Ť | İ | | Ť | | | Ť | | i | | Posta | al Cod | de | 一 | | Ħ | 育 | T | Ŧ | | Ī | Ŧ | | | |
| Indicate whether the | nis fund | is | A publi | ic secto | r fund | | i | An | appro | oved f | und | | 1 | Oth | her, s | pecify | | Ī | 1 | | ther, ecify | | | | | | | T | | Ť | | | | | | | | П | Ħ | Ħ | 寸 | 寸 | T | | Ť | | | |
| Particula | rs c | of G | ross | s Lu | mp | Su | m E |)ue | | | | | | | | | | | | Jp. | Colly | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reason for directiv | | | ansfer | | | | Г | _ | Divor | ce - Ti | ransfe | er | | | 7 | Divor | ce - M | /lembe | r Spo | use | Г | | Divor | ce - No | n-Me | mber S | Spous | e \Box | | Par (e <i>l</i> | () Tra | nsfer/l | Pavme | ent | Г | $\overline{1}$ | Secu | urity of | f Mort | igage | Bond | | | | | | | |
| | | | signati | ion | | | L | _ | Future | | | | | | _ | | | Benet | | | F | = | Withd | | | | ,,,,,, | | | Fermin Retrer | | | | | | | Orae | :r / H0 | using | Loan | Loan | | | | | | | |
| C | | | Ü | 1011 | | | L | \vdash | Tutur | e Suit | Jius | | _ | \vdash | | Officia | IIIICU | Defici | п — | | ٦ L | \dashv | VVIIIIO | irawai | | | | | | Retrer | ichme | ent) | | | | | | | | | | | | | | | | |
| Gross amount of lu | | . , | ent | | | | R | L | | | 4 | | <u> </u> | Ш | | | | | | | ╛, | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of accrual (Co | CYYMM | IDD) | | | | | | | | | \perp | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date on which mer | nbershi | p comn | enced | (CCYY | MMDI | D) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of divorce ord | er (CC) | YYMME | D) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If a public sector fu | nd, the | period, | if any, | during | which | the me | ember | was a | memb | ber of | anoth | ner publ | ic sect | or fun | d | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date From (CCYYMMDD) | | | | | | | Date (CC | e To YYMN | ИDD) | | | | | | | | | = | | (| Comp | oleted y | /ears | | | | | | | | | | | | | | | | | | | | | | | | | |
| Period of employm | ent take | en into a | accoun | t in tern | ns of tl | he rule: | s of th | e fund | l:(only | applic | able | to Publi | c Sect | or fun | ds) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date From (CCYYMMDD) | | | | | | | Date (CC | e To YYMM | /IDD) | | | | | | | | | = | | | Comp | oleted y | years | | | | | | | | | | | | | | | | | | | | | | | | | |
| In the case of a Pro | ovident | fund, to | tal con | tribution | ns up 1 | to 1 Ma | | | | ng pro | fit and | d intere | st) by | memb | er to | the fu | nd | R | İ | _ | | | | | | | | | | | | Γ | | | | | | | | | | | | | | | | |
| Transfer by Non-m | ember s | spouse | previo | usly tax | ed | | | | | | | | | | | | | R | | | | | | | | | | | | | | , [| | | | | | | | | | | | | | | | |

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| Doublevillers of Cross Lump Cum Bus (continued) |
|--|
| Particulars of Gross Lump Sum Due (continued) |
| Did the fund pay any portion of the lump sum payment into another fund? Yes No |
| If 'YES', state the registered name of the transferee fund |
| The transferee fund's type: Pension Fund Provident Fund Retirement Annuity Fund Pension Preservation Fund Provident Preservation Fund |
| Fund Approval No. (Applicable to Public Sector Funds) 1 8 2 0 4 FSB Registration No. 1 2 / 8 / |
| Participating Employer Name |
| |
| Is the transferee fund a Public Sector Fund? Yes No |
| The amount transferred to the transferee fund |
| 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 ranked for deduction against income in terms of Section 11(k) of the Income Tax Act, state total amount of excess during membership. |
| Former AIPF member's contributions transferred to the fund |
| Service Rendered Outside the Republic |
| Were any services rendered outside the Republic during the period of membership of the fund? |
| Total number of months services were rendered 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 (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 |
| Date the amount was transferred from public sector fund (CCYYMMDD) |
| Declaration |
| I declare that the information furnished is true and correct in every respect. For enquiries go to www.sars.gov.za of call 0800 00 SARS (7277) |
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