



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

FORM B

FOR OFFICE USE

Application no.

Taxpayer Details

Taxpayer reference no. Year of Assessment ended on (CCYYMMDD)

Surname

Name(s)

Initials Date of Birth (CCYYMMDD) Identity number

Passport/ Permit no. Passport Country / Country of Origin (e.g. South Africa = ZAF)

If the taxpayer/member is not registered for income tax, select one of the following reasons: Unemployed Other Specify other

Annual income R , Employee number

Is the taxpayer a non-resident? Yes No Is the certificate of residency (citizenship certificate only where DTA is not applicable) attached? Yes No

Residential Address

Postal Code

Postal Address

Postal Code

Particulars of Fund

Registered Name of Fund

Contact Person

E-mail address

Tel no. Membership number Fund Approval no. (Applicable to Public Sector Funds)

PAYE Reference no. FSCA Registration no.

FORM B

Particulars of Fund (continued)

Participating Employer Name

Type of fund:

Postal Address

Postal Code

Indicate whether this fund is: Specify other

Particulars of Gross Lump Sum Due

Reason for directive:

Gross amount of lump sum payment R ,

Date of accrual (CCYYMMDD) Date on which membership commenced (CCYYMMDD)

Date of divorce order (CCYYMMDD)

If a public sector fund, the period, if any, during which the member was a member of another public sector fund:

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

Period of employment taken into account in terms of the rules of the fund:(only applicable to Public Sector funds)

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

In the case of a Provident fund:

Total contributions by member to the fund up to 1 March 2016 (excluding profit and interest) R ,

Total contributions to the fund after 1 March 2016 (excluding profit and interest) R ,

Transfer from Pension Fund (after tax amount) R ,

Directive number for pension transfer

Transfer by Non-member spouse previously taxed 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 ,

Former AIPF member's contributions transferred to the fund R ,

Particulars of Transfer

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 type: Pension Fund Provident Fund Retirement Annuity Fund Pension Preservation Fund Provident Preservation Fund Unclaimed Pension Preservation Unclaimed Provident Preservation

Fund Approval no. (Applicable to Public Sector Funds) 1 8 2 0 4

FSCA Registration no. 1 2 / 8 / 0 0 /

Participating Employer Name

E-mail address of transferee fund

Tel no. of transferee fund

Cell no. of transferee fund

Is the transferee fund a Public Sector Fund? Yes No

Amount transferred to the transferee fund R

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

Was there a partial withdrawal taken from this benefit in the previous or current fund prior to this payment?

Yes No (If yes, state the details below:)

Date of partial withdrawal (CCYYMMDD)

Amount of partial withdrawal R

Directive number

Date of partial withdrawal (CCYYMMDD)

Amount of partial withdrawal R

Directive number

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

Were any services rendered inside / outside 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)

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 Public Sector fund directive number for the original transfer

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)

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