

## Request for a Tax Deduction Directive After Retirement and Death - Annuity Commutations

FOR OFFICE USE

Application no.						

Taxpayer	' De	tail	S																																								
Taxpayer reference no.														Ye	ear of	Assess	sment	ende	d on (C	CYY	MMDD	)																					
Surname																																											
Name(s)																																											
Initials							Dat	te of I	Birth ((	ССҮҮ	(MMDI	)								dentit	y numt	ber																					
Passport/ Permit no.																			F	assp	ort Cou	untry /	Coun	ry of (	Drigin	(e.g. S	South /	Africa =	ZAF)														
If the taxpayer/mem	ber is	not re	egistere	ed for in	come	tax, s	elect	one	of the	follow	ving rea	asons:	Un	emplo	yed		Othe	er		Speci	fy othe	er																			$\top$		
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Registered Name of Fund/ Insurer																																		Τ							$\top$		
Indicate whether this fund/Insurer is:	s	An a	approve	ed fund			Ap	bublic	: secto	r func	ł		Ins	surer			0	ther		Spe	cify oth	ner																			$\top$		
FSCA Registration no.	1	2	1	B /	0	0						/					 F (I	und A Public	Approv Secto	al no. r Fun	ds only	y) [·	1 8	2	0	4						FSCA Insure	Register no.	stered	1	0	1	1	0	/   1	1 /		
Contact Person																		Τ						Τ	<u> </u>					T				Τ							<u> </u>		
E-mail address																																									$\top$		

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Particulars of Fund/Insurer (continued)
Tel no.     Policy No.     Policy No.     Policy No.     PAYE Reference no.     7     I     I
Postal Address
Postal Code
Particulars of Gross Lump Sum Due
Reason for directive: Death Member / Former Member after Retirement Par. (c) Living Annuity Commutation Gn16: Existing Annuity Death - Next Generation Annuitant Next Generation Annuitant Commutation Transfer of an annuity
Date of accrual (CCYYMMDD)
Gross amount of lump sum payment R
Full value of annuity
Retirement interest at retirement date (only applicable for reason "Gn16 Existing Annuity Commutation") R
Identity Number Passport no. of original member
Full name(s) of original member
Was any value of the annuity or retirement interest previously commuted for a single payment? Y N
Member / Former Member benefit payable- Note: only applicable to reasons for directive: "Death - Member / Former Member after retirement", "GN16 Commutation" and "Par. (c) Living Annuity Commutation" Y
Next Generation Annuitant benefit payable– Note: only applicable to reasons for directive "Next Generation Annuitant Commutation" or "Death – Next Generation Annuitant".
Member's contributions not previously allowed as a deduction. R
Particulars of transfer
Did the member elect to transfer to another insurer? Y N If yes, state Insurer details below:
Registered Name of Insurer     Image: Control of Co
FSCA Registered Insurer no. 1 0 / 1 0 / 1 / 1 / 1
Amount transferred R A A A A A A A A A A A A A A A A A A
E-mail address of transferee insurer
Tel no of transferee insurer

## Particulars of transfer (continued)

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 pension/annuity purchase for a beneficiary/nominee

If death of member / annuitant,	pleas	e indi	cate	whet	her a	any p	ortior	n of t	he tot	al va	lue of	the a	nnuity	/ was	useo	l to pi	ırcha	se ar	n anr	uity f	or a l	penef	iciary	/ nom	ninee:	Y		N		] (I	f an a	nnuit	y/per	nsion	was	ourch	ased	from	anoth	ner ins	surer,	state	the d	letails I	below:	)		
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Name(s)																																																
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Were any services rendered in	side / out	side	the Re	epubl	ic dur	ring th	he pe	eriod	of me	mber	ship	of the	fund	?	Y	(	1	N																							
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Total number of months service	es were r	ende	ered ou	utside	e the F	Repu	blic v	while	contri	butin	g to f	und																													
Declaration																																									
I declare that the information furnish	ned is true a	and co	orrect in	every	respec	xt.																					ate (	CCY	YMM	DD)						Fo	or enqui	ries go t call 08	o www.s 00 00 72	sars.gov 277	v.za or