

A. On behalf of Purchasing Fund/Insurer

1. Particulars of Purchasing Fund/Insu	Irer		
Registered Name of Fund			
FSCA Registration no. 1 2 / 8 /	I Fund Approval No. (Public Sector Funds only)	C 1 8 2 0 4 4 FSCA Registered 1 0 / 1 0 / 1 1 / 1 / 1 1 1 / 1 1 / 1 1 / 1 1 / 1 1 1 / 1 1 1 / 1 1 1 / 1	
Type of fund: (Mark the applicable block) Pension Fund	Provident Fund	Retirement Annuity Fund Pension Preservation Fund Provident Preservation	on Fund
Indicate whether this fund/insurer is: Approved Fund	Public Sector Fund	Insurer Other	
2. Particulars of Contact Person of the	e Purchasing Fund/Insurer		
Surname			
Name(s)			
Tel no.	Cell no.	Fax no.	
E-mail address			
Postal Address			
		Postal Code	
3. Particulars of Person in Whose Nam	ne the Pension/Annuity is Purcha	sed (if reason is "Death" insert the Member/Former Member particu	lars)
Tax Directive number of transfer application		Taxpayer ref no.	
Surname			
Name(s)			
Initials	Date of Birth (CCYYMMDD) Identity no.	
Passport/ Permit no.		Passport Country / Country of Origin (e.g. South Africa = ZAF)	
E-mail address			
Cell no.	Date of retirement/death/transfer as pe directive (date of accrual)		
Public Sector Fund: (Only complete these dates if a public sector fund)	Commencement date of pensionable service (CCYYMMDD)	End date of pensionable service (CCYYMMDD)	



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ndicate whether the current transfer is from a Public Sector Fund or from an Approved Fund:	Public Se	ector Fund	Approved Fund
ndicate whether the previous transfer was from a Public Sector Fund or from an Approved Fund:	Public Sector Fund Approved	d Fund	Not applicable
Amount of benefit representing pensionable service in the Public Sector Fund	R		
4. Particulars of purchased pension/annuity			,
Amount of member's gross benefit	R		
Amount of benefit applied to purchase pension/annuity as reflected on the tax directive application	R		
Any additional amount following the tax directive issue date?	R		
Actual amount of benefit applied to purchase pension/annuity (if the amount differs from the tax directive amount)	R		
Please provide reason for the difference between the directive and actual amount used to purchase an annuity			,
Fotal contributions by member to the fund up to 1 March 2016 (excluding profit and interest)	R		,
Fotal contributions to the fund after 1 March 2016 (excluding profit and interest)	R		,
Details of any portion of gross benefit not being applied to purchase this pension/annuity are as follows:			
The pension/annuity is purchased on the following special conditions:			
Has a tax directive been applied for at SARS? Yes No If yes, provide directive number			
5. Statement on behalf of Purchasing Fund			

• Confirmation of payment of the amount to be paid will be provided as soon as this has been done.





Declaration			
I declare that the information furnish (Please also indicate the name and o	ed is true and correct in every respect. lesignation of the person signing on behalf of the purchasing fund.)	Signature on behalf of the purchasing fund.	Official stamp
Date (CCYYMMDD)		For enquiries go to www.sars.gov.za or call 0800 00 SARS (7277)	
Notes			

- 5.1 The recognition of purchase form must be completed when a retirement fund / insurer purchases a compulsory pension / annuity in the name of a member on retirement or in the name of a beneficiary / nominee in the case of 'death'.
- 5.2 The administrator of the transferring fund may only transfer the amount to the receiving fund / insurer upon receipt of all the required information necessary to complete the directive application form in full if the full benefit is not utilised to purchase pension / annuity.
- 5.3 The fund / insurer receiving the amount to purchase a compulsory pension / annuity is responsible for the submission of the completed recognition of purchase of the compulsory pension / annuity form electronically to SARS within 30 calendar days of the purchase.
- 5.4 If this confirmation of the purchase is not submitted to SARS, the purchase will be deemed to be a cash withdrawal benefit and will be taxed accordingly.



B. On behalf of Receiving Insurer		
mount received	R	
mount of benefit applied to purchase pension / annuity on directive application (if the amount differs from the actual amount received)	R	
ny additional amount following the tax directive issue date?	R	
lease provide reason for the difference between the directive and actual amount used to purchase an annuity		
15		
1. Particulars of Receiving Insurer		
Registered lame		
TSB Registered Insurer no. 1 0 / 1 0 / 1 /		
Policy number or other reference		
Commencement date of the person's policy (CCYYMMDD)		
2. Particulars of Contact Person of the Receiving Insurer		
ame(s)		
ompany		
el no.	Fax no.	
el no.	Fax no.	
-mail		
-mail ddress		
-mail ddress	Fax no. Fax no. Image: Second secon	



Recognition of GN18 Purchase of a member/beneficiary owned pension/annuity

3. Particulars of Bank account of Receiving Insurer

Account Holder Name																										
Name of Bank																										
Branch Name																										
Branch no.								Acc	ount r	10.																
Reference no. for deposit (If applicable)																										

4. Particulars of person/beneficiary in whose name the pension/annuity is purchased (In case of "Death of the Member/Former Member")

Taxpayer ref																																										
Surname																																										
Name(s)					Ι					Ι																									Ι							
Initials														C)ate c	of Birl	th (C	CYYN	MMDI	D)]				Iden	tity Nu	Imper								
Passport/ Permit no.							_					_]									Pas	spor	Cou	ntry /	Cou	ntry o	of Or	igin	(e.g.	Sou	th Af	rica =	ZAF)						-		
E-mail address					Ι					Τ																									Τ							
Cell no.		1	T	T																																						

5. Statement on behalf of Receiving Insurer

- The pension/annuity as set out in paragraph A(4) will be applied for the benefit of the person specified in paragraph A(3)/[B(4) in the case of death of Member/Former Member], by way of an electronic bank transfer as soon as this recognition of purchase form is returned, fully completed, to the contact person referred to in section B(2).
- The pension/annuity shall be a life-long pension/annuity in the name of the person specified in paragraph A(3)/[B(4) in the case of death of Member/Former Member]. However, in the event of a child's pension/annuity the duration of the pension/annuity shall be in accordance with the conditions provided by the purchasing fund.
- If any request is received to deal with the benefit as set out in paragraph A(4) in any manner other than that set out in paragraph A(4), including any request to cancel the purchase to the insurer, such request shall not be implemented by the insurer without the prior written consent of the purchasing fund.

	Declaration	
I declare that the information furnished is true and correct in every respect. Signature on behalf of the receiving insurer. Official stamp Date (CCYYMMDD) For enquiries go to www.sars.gov.za or call 0800 00 SARS (7277) Official stamp		Official stamp