South African Revenue Service

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

FORM E

FOR OFFICE USE

Application no.

Taxpayer Details

Taxpayer reference no.

Year of Assessment ended on (CCYY)

Surname / Trust Name

First Name(s)

Initials

Date of Birth / Registration (CCYYMMDD)

Identity number

Passport / Permit / Trust Deed no.

Passport Country / Country of Origin (e.g. South Africa = ZAF)

If the taxpayer/member is not registered for income tax, provide reason(s):

Provide reason(s):

Annual income R , .00

Is the taxpayer a non-resident? Yes No

Is the certificate of residency (citizenship certificate where DTA is not applicable) attached? Yes No

Residential Address

Postal Code

Postal Address

Postal Code

Particulars of Fund/Insurer

Registered Name of Fund/ Insurer

Indicate whether this fund/Insurer is: An approved fund | A public sector fund | Insurer | Other | Specify other

FSCA Registration no. 12/8/00/

Fund Approval no. (Public Sector Funds only) 18204

FSCA Registered Insurer no. 10/10/11/

Contact Person

E-mail address

Particulars of Fund/Insurer (continued)

Tel no.

Policy No.

PAYE Reference no. 7

Postal Address

Postal Code

Particulars of Gross Lump Sum Due

Reason for directive:

- Death Member / Former Member after Retirement
- Par. (c) Living Annuity Commutation
- Death - Next Generation Annuitant
- Next Generation Annuitant Commutation
- Transfer of an annuity
- Par.(eA) Living Annuity Commutation Termination of a Trust

Date of accrual (CCYYMMDD)

Gross amount of lump sum payment R ,

Full value of annuity 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? Yes No

Member / Former Member benefit payable– Note: only applicable to reasons for directive: "Death – Member / Former Member after retirement" and "Par. (c) Living Annuity Commutation" Yes No

Next Generation Annuitant benefit payable– Note: only applicable to reasons for directive "Next Generation Annuitant Commutation" or "Death – Next Generation Annuitant". Yes No

Member's contributions not previously allowed as a deduction. R ,

Particulars of transfer

Did the member elect to transfer to another insurer? Yes No If yes, state Insurer details below:

Registered Name of Insurer

FSCA Registered Insurer no. 10/10/1/

Amount transferred R ,

E-mail address of transferee insurer

Tel no of transferee insurer

Cell 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, please indicate whether any portion of the total value of the annuity was used to purchase an annuity for a beneficiary / nominee: Yes ☐ No ☐ (If an annuity/pension was purchased from another insurer, state the details below:)

Surname / Trust Name

First Name(s)

Identity number

Other Identity number / Trust Deed number

Annuity policy number

Amount utilised to purchase an annuity R ,

Indicate the type of annuity purchased: Living Annuity ☐ Guaranteed Annuity ☐

Taxpayer ref. no

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

E-mail address

FSCA Registration no. 10/10/1/

Tel no.

Cell no.

Surname / Trust Name

First Name(s)

Identity number

Other Identity number / Trust Deed number

Annuity policy number

Amount utilised to purchase an annuity R ,

Indicate the type of annuity purchased: Living Annuity ☐ Guaranteed Annuity ☐

Taxpayer ref. no

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

E-mail address

FSCA Registration no. 10/10/1/

Tel no.

Cell no.

Particulars of pension/annuity purchase for a beneficiary/nominee (Continue)

Surname / Trust Name

First Name(s)

Identity number

Other Identity number / Trust Deed number

Annuity policy number

Amount utilised to purchase an annuity R ,

Indicate the type of annuity purchased: Living Annuity Guaranteed Annuity

Taxpayer ref. no

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

E-mail address

FSCA Registration no. 1 0 / 1 0 / 1 /

Tel no.

Cell no.

Surname

Name(s)

Identity number

Other Identity number

Annuity policy number

Amount utilised to purchase an annuity R ,

Indicate the type of annuity purchased: Living Annuity Guaranteed Annuity

Taxpayer ref. no

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

E-mail address

FSCA Registration no. 1 0 / 1 0 / 1 /

Tel no.

Cell no.

Surname / Trust Name

First Name(s)

Identity number

Other Identity number

Annuity policy number

Amount utilised to purchase an annuity

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

Were any services rendered inside / outside the Republic during the period of membership of the fund? Y ☐ N ☐

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 ☐☐☐

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