

Recognition of Transfer between Pension, Provident and Retirement Annuity Funds as defined in Section 1 of the Income Tax Act (including transfer of Preservation Funds)

# 1 | FUND DETAILS

Name of Transferring Fund														
Registration / SARS Approval Number														
	/													
	/													
PENSION FUND			ROVIDENT FUND					RETIREMENT ANNUITY						
DEFINED BENEFIT FUND	FINED	NED CONTRIBUTION FUND					LIVING ANNUITY							
2   MEMBER'S DETAILS														
Title Initials Surname														
First Name/s												Gend	er	
												M	F	
I.D. Number (Attach a Copy of ID) Contact Number														
Date of Withdrawal from Transferring Fund		Р	ensior	nable	Servic	e Date	e							
3   DETAILS OF TRANSFERRED BENEFIT														
Gross Benefit		R												
Less Housing Loan														
Amount to be Transferred														
Total of member's own contributions without interest not previously allowed as a deduction from taxable income if the transferring Fund is an approved Pension Fund														
Details of any portion of gross benefit not being transferred:														

In terms of instructions received from or on behalf of the member, the Benefit must be transferred as follows:

INITIAL

# **3A | CONTACT DETAILS**

Title	Initials	Surnam	e			
First Name/s						
Company				Designation		
Contact Number				Email Address		]
Physical Address				Postal Address		
		Postal Code			Postal Code	

#### 3B | STATEMENT ON BEHALF OF TRANSFERRING FUND

The amount to be transferred as set out in Section 1.B will be paid by means of electronic bank transfer as soon as:

- · This Recognition of Transfer form is returned fully completed to the contact person detailed below;
- The necessary authority to effect such a transfer has been received from the revenue authorities;
- Please note that the value of the transferring benefit is subject to change due to market fluctuations and the response from the revenue authorities.

Signature (On Behalf of Transferring Fund)	COMPANY STAMP
Date	

## 4 | RECEIVING FUND

Name of Receiving Fund

Registration / SARS Approval Number			
PENSION FUND PROVIDENT FUND RETIREMENT AN			
DEFINED BENEFIT FUND	DEFINED CONTRIBUTION FUND	LIVING ANNUITY	
Member's Application or Another Reference			

### 4A | BANKING DETAILS

Name of Account Holder	
Name of Bank	Account Number
Account Type	Name of Branch
Branch Code	
4B   CONTACT DETAILS	
Title Initials Surname	
First Name/s	
Company	Designation
Contact Number	Email Address
Physical Address	Postal Address
Postal Code	Postal Code

### 4C | STATEMENT ON BEHALF OF RECEIVING FUND

If any request is received to deal with the benefit as set out in section 1.B in any manner other than that set out in section 1.B, including any request to cancel the transfer to the Receiving Fund, such request shall not be implemented by the Receiving Fund without prior written consent of the Transferring Fund.

Signature (On Behalf of Receiving Fund)



COMPANY STAMP