



**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

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="checkbox"/>	<b>PENSION FUND</b>	<input type="checkbox"/>	<b>PROVIDENT FUND</b>	<input type="checkbox"/>	<b>RETIREMENT ANNUITY</b>
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<input type="checkbox"/>	<b>DEFINED BENEFIT FUND</b>	<input type="checkbox"/>	<b>DEFINED CONTRIBUTION FUND</b>	<input type="checkbox"/>	<b>LIVING ANNUITY</b>
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**2 | MEMBER'S DETAILS**

Title                      Initials                      Surname

<input type="text"/>	<input type="text"/>	<input type="text"/>
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First Name/s

Gender

<input type="checkbox"/>	<input type="checkbox"/>
M	F

I.D. Number (Attach a Copy of ID)

Contact Number

Date of Withdrawal from Transferring Fund

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y

Pensionable Service Date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y

**3 | DETAILS OF TRANSFERRED BENEFIT**

Gross Benefit

R

Less Housing Loan

R

Amount to be Transferred

R

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

R

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:

<input type="text"/>
<input type="text"/>

<b>INITIAL</b>
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#### 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

<input type="text"/>		
<input type="text"/>		
<input type="text"/>	Postal Code	<input type="text"/>

Postal Address

<input type="text"/>		
<input type="text"/>		
<input type="text"/>	Postal Code	<input type="text"/>

#### 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)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Date

COMPANY STAMP