

<b>Government Employees Pension Fund (GEPF)</b> <b>EXTERNAL TRANSFER TO AN APPROVED FUND - Z1525</b>		GEPF USE ONLY - GEPF STAMPS	BAR CODE
		Private Bag x63 Pretoria SOUTH AFRICA 0001	34 Hamilton Street Arcadia Pretoria

**PARTICULARS FOR A TRANSFER TO AN APPROVED RETIREMENT FUND**

**THIS FORM MUST BE COMPLETED BY THE FUND REPRESENTATIVE.**

In order for GEPF to successfully process the transfer of the actuarial interest value for the GEPF Fund Member to an approved external Retirement Fund, this form must be submitted with the Withdrawal from Fund application form (Z102).

**All sections on the form are compulsory.**

**A) GEPF MEMBER REFERENCE**

GEPF Pension Number

Surname  Initials

**B) PARTICULARS OF THE TRANSFeree FUND (Approved External Retirement Fund)**

Underwriter of the Fund

Fund Name

Fund Registration Number at FSB **12/8**

SARS Registration Number of Fund **18/20/4**

POLICY/REFERENCE Number of Client

**CONTACT PARTICULARS OF THE TRANSFeree FUND**

(NB: These are the contact details as captured on the tax directive application and must correspond with the contact information for the transferee fund as a captured at SARS)

Tel No   Cell No

E-Mail

**C) BANK PARTICULARS OF FUND**

Name of Account

Bank Name

Branch Code  Type of Account  Cheque  Transmission  Savings

Branch Name

Account Number

**ALL PAGES OF THIS FORM MUST BE COMPLETED IN ORDER FOR THIS FORM TO BE VALID AND ALL THE RELEVANT PARTIES MUST INITIAL THIS PAGE.**

Member initial 1

Representative initial 2

**D) PLEASE TAKE NOTE OF THE FOLLOWING IMPORTANT INFORMATION**

1. If the rules of the Approved Fund make provision for a cash withdrawal, it will be limited to one third of the transfer value (interest included) and the balance of the transfer value (interest included) must be utilized for the purchase of any annuity for the member at retirement.
2. In terms of a directive issued by SARS (South African Revenue Services), transfer entitlements under the provisions of the Government Employees Pension Law, 1996, which is transferred to an approved retirement fund, accrues to a member as a lump sum benefit. Accordingly paragraph 6 of the Second Schedule of the Income Tax Act is applicable and the transfer of lump sum benefits will be tax-free, with effect from 1 March 2006.
3. The rules of the GEPF specifically provides for the preservation of pension benefits and as such transfers to Provident Fund, Provident Preservation Fund were not provided for in the GEP Law. Amendments to the SARS legislation allows for lump sum benefits to be transferred tax free to a Pension Fund, Pension Preservation Fund, Provident Fund, Provident Preservation Fund and Retirement Annuity Fund, as from 1 March 2021. As such, GEPF will transfer to such funds if registered and approved by SARS and subject to engagement with SARS.
4. Where formula "C" may apply in terms of Paragraph 6 of the Second Schedule of the Income Tax Act of 1962, the service period information applicable will be reflected on the ROT furnished to the transferee fund. All inquiries regarding formula "C" application/exemption must be directed to SARS.
5. By completing and submitting this form, the member / beneficiary consents to the provision or disclosure of personal and financial information to the approved fund (or its representatives) the benefit will be transferred to.

**E) PARTICULARS OF FUND REPRESENTATIVE**

Surname	<input type="text"/>	Initials	<input type="text"/>
FAIS Registration No	<input type="text"/>		
Tel No	<input type="text"/>	<input type="text"/>	Cell No <input type="text"/> <input type="text"/>
E-Mail	<input type="text"/>		

**F) CERTIFICATION BY MEMBER AND FUND REPRESENTATIVE**

I \_\_\_\_\_

the undersigned, declare that all particulars furnished on this form are true and correct and that I have been fully informed of the conditions and implications of my choice **(including section D of this form)** to transfer to an Approved Retirement Fund.

Signature of Member  
OR Thumbprint of Member (if he/she cannot read/write)

Date Signed

I \_\_\_\_\_

the undersigned, declare that all particulars furnished on this form are true and correct and that I informed the member of the conditions and implications of his or her choice **(including section D of this form)** to transfer to an Approved Retirement Fund.

Signature of Fund Representative

Date Signed

The GEPF respects privacy and personal information of its members and pensioners and therefore subscribes to the provisions of the Protection of Personal Information Act 4 of 2013. Visit [www.gepf.co.za](http://www.gepf.co.za) to view GEPF Privacy Policy and Privacy statement.