



# RFLAUN

Retirement Fund for Local Authorities  
and Utility Services in Namibia

Income Tax Ref. No.12/1/12/187 Registration No 25/7/7/107

## TRANSFER TO ANOTHER APPROVED FUND FOR ANNUITY PURCHASE

TO BE COMPLETED BY THE MEMBER USING BLOCK LETTERS OR TICK (✓) WHERE APPLICABLE.

The transfer as instructed will be in accordance with the stipulations of the Income Tax Act. In terms of section 16(1)(z) of the Income Tax Act (Act 24 of 1981) only a transfer of retirement fund capital to an approved retirement, pension, provident or preservation fund registered in Namibia under the Pension Funds Act (Act 24 of 1956) is exempt from tax.

### 1 – ANNUITANT'S DETAILS

<b>Title, Initials, Surname</b>	Title	Initials	Surname	
<b>First Name</b>			<b>Date of Birth</b>	DD / MM / YYYY
<b>Identity number</b>	ID			
<b>Income Tax Number</b>			<b>Revenue Office</b>	
<b>Benefit Accrual date</b>	DD / MM / YYYY		Transferring fund's Member reference number:	

### 2 – TRANSFEROR FUND - AMOUNT TO BE TRANSFERRED

i)	3/3 of 51% of a pension fund death benefit, at least 2/3 of which must be used for the compulsory purchase of a life or term annuity made up as follows:	N\$
	1/3 cash commutation / balance of 1/3 cash commutation remaining after payment of tax debt	N\$
	2/3 to be used for the compulsory purchase of an annuity	N\$
ii)	2/3 of 51% of a pension fund death benefit, which must be used for the compulsory purchase of a life or term annuity.	N\$

The transferor fund is an approved Pension Fund

<b>Signed on behalf of the transferor fund</b>		Date: DD / MM / YYYY	<b>OFFICIAL STAMP OF THE TRANSFEROR FUND</b>
<b>Initials &amp; Surname:</b>			

### 3 – DETAILS OF TRANSFEREE FUND / POLICY (to be completed by the Broker and / or receiving fund's Administrator)

<b>The transferee fund / policy is an approved</b>	Retirement Annuity Fund	Life Annuity Policy	Other:
<b>Registered name of Fund / Insurance Policy name</b>			<b>Application number / Policy number</b>
<b>Fund Tax approval number</b>	12/1/12/ <b>Note:</b> tax approval number must match bank account of transferee fund		

Bank Account details of transferee Fund / Policy	✓	Bank Account Name	Bank Account Number	Branch code	Bank statement reference
Approved Fund indicated above					
Insurance Policy indicated above					
<b>Details of contact person or Broker (if any)</b>		Initials & Surname Tel no / Fax no / Cell no / e-mail address			
<b>Signature of Broker (if any)</b>					Date: DD / MM / YYYY
Please ensure that the amounts available are not below the relevant minimum for the Product selected.					
<b>Declaration by transferee Fund/policy</b>		The transferee fund herewith confirms that as soon as payment has been made by the transferor fund into the above bank account, the amount received will be invested strictly as set out above.			
<b>Signed on behalf of the transferee fund/insurer</b>		Date: DD / MM / YYYY		<b>OFFICIAL STAMP OF THE TRANSFEEE FUND</b>	
Initials & Surname					

**4 – DECLARATION BY ANNUITANT / ON BEHALF OF MINOR ANNUITANT**

I declare that the above reflects the pension purchase choice and I understand that it is not reversible.

\_\_\_\_\_  
Name / Signature

\_\_\_\_\_  
Date: DD / MM / YYYY

ANNUITANT / TRANSFEEE FUND: PRINCIPAL OFFICER / OTHER: \_\_\_\_\_