

Suite 2, Level 2 / 22 Albert Road South Melbourne Victoria 3205 Phone 1300 776 394 / Fax 03 8256 0108 www.superregistry.com.au

Account Based Pension Commencement

Contact Details:		
Advisor Name:		
Advisor Company:		
Postal Address:		
	Phone:	Email:
Payment Details	:	
☐ Enclosed is payment	for an Account Based Pensi	on Commencement for \$330.00
☐ Direct Deposit*	Cheque	
*If you would like to an invoice with our ba	pay via Direct Deposit, p ank account details for p	ease forward your order to our office first, and we will email you yment.
Fund Details:		
Name of Fund:		
Previous Fund Name (if	applicable):	
Fund ABN:		-
Fund Registered Address	s:	
Address of the meetings Trustees/Members	of the	
How many Pensions is t	he Fund currently paying?	
Is the Fund registered fo	or PAYG?	

Trustee Details	s (if a Corporate	Trustee):		
Name:				
Company ACN:				
Registered address:				
Director Names:				
Company Chairman:				
Which Director will si	gn the Tax Office docur	ments?		
Director's Contact Nu	ımber			
Trustee Details	s (if individual T	rustees)		
Trustee Names:				
Which Trustee will sig	gn the Tax Office docun	ments?		
Trustee's Contact Nu	mber			
Member receiv	ing Pension:			
Member Name:				
Address:				
Date of Birth:	/ /	Gender:		
Tax File Number:				
Pension Details	s:			
Pension Commencem	nent Date: / /			
Pension Purchase Prior	ce: \$			
Is the Member receiv ☐ confirming prior in be paid? /		ce the pension. If so, what	date did the Member first r	equest their Pension to
☐ instructing the tru	stee as of the date the	documents are signed to c	ommence the pension	

What Condition of Release has the Pensioner met to be eligible	to receive the I	Pension?						
 has an unrestricted non-preserved component has reached preservation age, ceased employment & doesn hours per week has reached age 60 and terminated their most recent emplication is age 65 or over is permanently incapacitated has a terminal medical condition is between the ages of 55 and 64 and has reached their preserved 	oyment							
Is the Tax Free Threshold being claimed?	6 🗆	NO						
Is this a Transition to Retirement Pension?	5 🗆	NO						
At what Frequency will the Pension Payments be made? WEEKLY MONTHLY QUARTERLY YEARLY								
Pension Reversionary								
Are you nominating a reversionary for the pension?	5 🗆	NO						
Reversionary Name:								
Address:								
Date of Birth: / / Relationship to Pensioner:								
Pension Purchase Components								
Tax Free component	\$		%					
Taxable component	\$		%					
TOTAL PENSION PURCHASE PRICE	\$		%					
ATO Information								
Is the Pensioner an Australian Resident for Tax Purposes?			☐ YES ☐ NO					
Is the Pensioner claiming a reduced rate of withholding for eit or Senior Australians tax offset?	☐ YES ☐ NO							
Is the Pensioner claiming a zone, dependant spouse or specia		☐ YES ☐ NO						
Does the Pensioner have an accumulated HECS Debt?			☐ YES ☐ NO					
Does the Pensioner have an accumulated Financial Supplement	nt Debt?		☐ YES ☐ NO					
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Please attach a copy of the Fund's current Trust Deed to your order, then Fax or Email this completed form to Super Registry:

Fax: (03) 8256 0108 Email: info@superregistry.com.au