

# Pension Request

## The Service

### About the service

Our documentation caters for Account Based, Transition to Retirement and Market Linked (Complying) pensions and includes:

- minimum/maximum pension calculations
- all relevant letters and minutes
- Pension Agreement; and
- Centrelink Schedule

### For more information

If you have any questions about the service or completing this form

Visit our website [www.superconcepts.com.au](http://www.superconcepts.com.au)

Call us on 1800 625 644

Email us at [trusteeservices@superorganised.com.au](mailto:trusteeservices@superorganised.com.au)

## Applying for the service

### Complete this form

- Please write clearly and use black pen to complete the form.
- Please mark boxes like this  with a ✓ or ✗.
- Please ensure that you complete all required sections, provide all supporting documents and have signed and dated this form.

### Return this form

By mail: Super Concepts  
PO Box 324  
North Sydney NSW 2059

By fax: 03 9560 2438

By email: [trusteeservices@superorganised.com.au](mailto:trusteeservices@superorganised.com.au)

## 1. Fund details

Fund name

ABN

Was the existing Trust Deed established or amended by Super Concepts?

Yes

Please state the Super Concepts Fund ID:

No

Is the fund registered with the ATO for PAYG withholding tax?

Yes

or

No

If no, do you want us to register the fund?

Yes

or

No

**Note:** Payment of a pension to a member under the age of 60 will be subject to PAYG. PAYG withholding registration (if the fund is not already registered) and a Tax File Number Declaration will be required. An additional fee will apply for this service.

## 2. Fund Trustee details

Individual Trustee/s – Go to Section 4

or

Existing Trustee Company – Go to Section 3

### 3. Trustee Company details (if a company acts as Trustee for the fund)

Full company name										
ACN				-				-		

### 4. Fund Structure

#### Member 1

Capacity	<input type="checkbox"/>	Individual Trustee	or	<input type="checkbox"/>	Director of Trustee Company
Name					

#### Member 2

Capacity	<input type="checkbox"/>	Individual Trustee	or	<input type="checkbox"/>	Director of Trustee Company
Name					

#### Member 3

Capacity	<input type="checkbox"/>	Individual Trustee	or	<input type="checkbox"/>	Director of Trustee Company
Name					

#### Member 4

Capacity	<input type="checkbox"/>	Individual Trustee	or	<input type="checkbox"/>	Director of Trustee Company
Name					

### 5. Member commencing pension

Name										
Residential address										
Date of birth			/			/				
Gender	<input type="checkbox"/>	Male	or	<input type="checkbox"/>	Female					
Tax File Number			-			-				
Eligible service date			/			/				

## 6. Type of pension

- Account-based  Under 60  60 plus or  
 Transition to Retirement Account Based Pension – also known as a TRAP  Under 60  60 plus or  
 Market-linked income stream – also known as a Term Allocated Pension or TAP

(a) Is this member already receiving a pension from the fund?  Yes or  No

(b) If yes, please state the type of pension \_\_\_\_\_  
 Date commenced \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

(c) Is this pension to be commuted and the balance rolled over to establish a new pension?  Yes or  No

**Note:** An additional fee of \$110 will apply for each commutation.

## 7. Condition of release

For account based and market linked pensions

- The member is 55 years of age or more and has ceased employment (including self-employment) and does not intend to ever take up employment for ten or more hours per week  
 The member is 60 years of age or more and left an employer after his/her 60th birthday  
 The member is 65 years of age or more  
 The member is permanently incapacitated  
 The pension is to commence with the member's unrestricted benefit only  
 The member has died and a Death Benefit Pension is to be commenced

For transition to retirement pensions

- The member has reached preservation age and wishes to commence a Transition to Retirement Account Based Pension

## 8. Pension details

Pension Commencement date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Pension purchase amount \$ \_\_\_\_\_

The pension purchase amount is:  The member's **full balance** in the Fund at the pension commencement date or  Part of the members' balance in the fund at the pension commencement date

Components of purchase amount	Tax free component	\$ _____
	Taxable component	\$ _____

Is the tax free threshold going to be claimed (if pensioner is under 60 years of age)?  Yes or  No

Is the pension purchase amount from the direct rollover of a pension provided by another provider?  Yes\* or  No

\*If YES, please provide a copy of the ETP rollover statement and confirmation from the previous pension provider.

## 9. Reversionary - Account Based & Transition to Retirement Pensions

Is the pension to be reversionary?  Yes or  No

If YES, please provide detail of reversionary pensioner (must be a dependant)

Full name

Date of Birth

Relationship to pensioner

## 10. Market-linked pension only

Pension term  years or  Life expectancy

The pension term is based on:

Non-reversionary – single life

The term of the pension that can be nominated is between the pensioner's life expectancy on the date of commencement of the pension (rounded up to the next whole number) and the pensioner reaching age 100 (rounded up to the next whole number);

Reversionary – reversionary spouse

Full name

Date of birth

Does the pensioner wish to nominate reversion to dependants (other than the pensioner's spouse)?  Yes or  No

Full name

Date of birth

Relationship to pensioner

## 11. Fees (prices quoted are inclusive of GST)

The fees for this service are as follows:

	Fee
Pension commencement	\$440
Pension commutation and restart	\$550 and \$110 for each additional commutation
<i>Optional</i> Hard Copy delivery of documents	\$50

## 12. Payment details

### Cheque

Please enclose a cheque made payable to "Super Concepts Pty Ltd"

### Credit Card

Type of card	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Visa	Amount	
Credit card number			CVV	
Expiry date		/		
Name on card				
Signature	✕			

### Electronic Funds Transfer (EFT)

Account Name: Super Concepts Pty Ltd  
BSB: 032 099  
Account number: 615086  
Please quote: Your Superannuation Fund Name (as detailed in **section 1**)

## 13. Primary Contact details

These details will be used for all correspondence, contact, delivery and billing purposes.

Trustee

Nominated Representative e.g. Adviser (please specify)

Name			
Company			
Dealer Group			
Address			
Postal Address			
Phone	Fax	Mobile	
Email			

## 14. Checklist

Before submitting your application please ensure you have:

Completed all members details (refer to **sections 3 & 4**)

Nominated the correct condition of release (refer to **section 7**)

Specified pension details (refer to **sections 5, 6 & 8**)

You have included payment details (refer to **section 12**)

**Important Note:** Providing incomplete details will delay the processing of your application. Please ensure that you have completed all relevant sections and provided all additional information where required.

## 15. Declaration

By signing below, I, on behalf of the trustees of the Fund:

- declare that I am authorised to make declarations on behalf of the persons named in this application form.
- declare that the information completed on this Application Form is complete and to the best of my knowledge, accurate and correct. To the extent that any information is subsequently identified as incorrect or found to be omitted from this Application Form, I authorise Super Concepts to correct any errors and complete any omissions on this Application Form, following my confirmation (either orally or in writing);
- acknowledge that I have read and understood the Terms and Conditions for the Service and the Service Material, as updated from time to time, and agree to be bound by them;
- have read and understood the Fee Schedule applicable for the Services, found at [www.superconcepts.com.au](http://www.superconcepts.com.au) as updated from time to time and agree to be bound by them;
- authorise the collection, use and disclosure of my personal information for the purpose of the assessment of the application and if accepted, the management and administration of services in which I have applied. I understand that unless I consent to the collection, use and disclosure of this information, Super Concepts will not be able to process my application or deliver the relevant Service(s);
- understand that Super Concepts may routinely disclose my personal information to third parties such as: organisations undertaking compliance functions of Super Concepts' information; organisations maintaining Super Concepts' information technology system; authorised financial institutions; organisations providing mailing and printing services and my nominated representative (if applicable); and,
- accept that Super Concepts or any of its related bodies corporate may send me information about its services from time to time. I understand that I may notify Super Concepts of my decision not to receive further information by contacting Super Concepts directly.

Signature

x

Date

/

/

Print Name