

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
 Call us on 1300 023 170
 Email us at 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 X.
- ▶ Where you see a box like this ▶ skip to the section shown.
- ▶ Please ensure that you complete all required sections, provide all supporting documents and have signed and dated this form.

Return this form

By mail: SuperConcepts PO Box R476, Royal Exchange NSW 1225
 By fax: 1300 660 528
 By email: trusteeservices@superorganised.com.au

1. FUND DETAILS

Fund name

ABN

 - - -

Was the existing Trust Deed established or amended by SuperConcepts?

 Yes

Please state the SuperConcepts 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

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

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4. FUND STRUCTURE

MEMBER 1

Capacity

Individual Trustee or Director of Trustee Company

Name

MEMBER 2

Capacity

Individual Trustee or Director of Trustee Company

Name

MEMBER 3

Capacity

Individual Trustee or Director of Trustee Company

Name

MEMBER 4

Capacity

Individual Trustee or Director of Trustee Company

Name

5. MEMBER COMMENCING PENSION

Name

Residential address

Date of birth

 / /

Gender

Male Female

Tax File Number

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6. TYPE OF PENSION

- Account-based Under 60 or 60 plus or
- Transition to Retirement Account Based Pension — also known as a TRAP Under 60 or 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

(d) Is this pension to be commuted and the balance rolled back to accumulation? 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 \$

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. DELIVERY - PENSION KIT

We provide an electronic copy of the kit free of charge, please indicate if you would like additional Hard Copy format.

Hard Copy – \$50 additional fee

12. FEES (prices quoted are inclusive of GST)

	Fees
Pension commencement	\$440
Pension commutation and restart	\$550 and \$110 for each additional commutation
Optional Hard Copy delivery of documents	\$50

13. PAYMENT DETAILS

Cheque

Please enclose a cheque made payable to "SuperConcepts Administration".

Credit Card

Type of card

Mastercard

Visa

Amount

\$

Credit card number

CCV

Expiry date

Name on card

Signature

X

Electronic Funds Transfer (EFT)

Account Name: SuperConcepts

BSB: 032-099

Account number: 615086

Please quote: Your Superannuation Fund Name (as detailed in **section 1**)

14. PRIMARY CONTACT DETAILS

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

<input type="checkbox"/> Trustee	<input type="checkbox"/> Nominated Representative e.g. Adviser (please specify)				
Name	<input type="text"/>				
Company	<input type="text"/>				
Dealer Group	<input type="text"/>				
Address	<input type="text"/>				
Postal Address	<input type="text"/>				
Phone	<input type="text"/>	Fax	<input type="text"/>	Mobile	<input type="text"/>
Email	<input type="text"/>				

15. CHECKLIST

Before submitting your application please ensure you have:

- Completed all trustee & member details (refer to sections **3 & 4**)
- Nominated the correct condition of release (refer to **section 7**)
- Specified pension details
- Included payment details (refer to **section 13**)

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.

16. 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 SuperConcepts 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 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, SuperConcepts will not be able to process my application or deliver the relevant Service(s);
- understand that SuperConcepts may routinely disclose my personal information to third parties such as: organisations undertaking compliance functions of SuperConcepts' information; organisations maintaining SuperConcepts' information technology system; authorised financial institutions; organisations providing mailing and printing services and my nominated representative (if applicable); and,
- accept that SuperConcepts or any of its related bodies corporate may send me information about its services from time to time. I understand that I may notify SuperConcepts of my decision not to receive further information by contacting SuperConcepts directly.

Signature

Date

Print Name

Mailing address
PO Box R476
Royal Exchange
NSW 1225

Phone 1300 023 170
Fax 1300 660 528
Email trusteeservices@superorganised.com.au
Website superconcepts.com.au



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