

Pension Establishment Request

The trustees of the Superannuation Fund detailed below hereby request SuperGuardian to prepare the necessary documentation for the commencement of a pension for the Member detailed below.

By signing this form, the trustees acknowledge and accept SuperGuardian's pension commencement fee, as outlined in the fee schedule.

Pension Establishment Details

Superannuation Fund Name					
Member Name (pension recipient)					
Pension Commencement Date					
Is the Member Claiming the tax-free threshold?	YES	NO	N/A 60+		
Use full member balance to commence pension?	YES	NO			
If NO, amount used to commence pension: \$					
Is the member intending to claim any member concession	nal (deductible)	contributions with	in the financial		
year prior to commencing a pension?	YES	NO			
Is the member currently in receipt of any other pension/s	from another su	perannuation fun	d?		
	YES	NO			
If YES, can the member confirm that the new pension wi	Il not cause the r	nember to excee	d their Personal		
Transfer Balance Cap?	YES	NO			
Is the member currently in receipt of the Australian Age Pension or Commonwealth Seniors Health Card?					
	YES	NO			
If YES, has the member sought advice on the implications of the new pension (we strongly recommend					
you seek advice)?	YES	NO			
Condition of Release					
Attained Age 65	Termination of Employment (Aged 60-64)				
Permanent Retirement (Aged 55-64)	Pre-Retirement Pension (Aged 55-64)				
	Aged 60 and ce	eased gainful emp	oloyment		

Other

Is the pension to be reversionary?	YES	NO
Name of Reversionary Beneficiary:		
Relationship with the Member:		
Date of Birth:		
Member Authority		

Signed by the requesting member.

Member:	

Signed: _____ Date:

Trustee Authority

Trustee 1:		Trustee 2:	
Signed:	Date:	Signed:	Date:
Trustee 3:		Trustee 4:	
Signed:	Date:	Signed:	Date:
Trustee 5:		Trustee 6:	
Signed:	Date:	Signed:	Date:

or

Adviser Authority

Adviser: Signed: Date: