

## Account Based Pension & Transition to Retirement Account Based Pension Full Service Order Form

**What you are required to do to order your Document:**

1. Complete all relevant fields in BLOCK LETTERS
2. Attach a copy of the Fund's most recent Trust Deed.
3. Mail this form, along with the documentation outlined above, to Topdocs. Alternatively, email this form and the required documentation to Topdocs at [orders@topdocs.com.au](mailto:orders@topdocs.com.au)

### SECTION A (I): PERSON / ADVISOR ORDERING DETAILS

<b>YOUR NAME</b>		<b>Signature</b>	
<b>YOUR COMPANY NAME</b>			
<b>YOUR POSTAL ADDRESS</b>			
<b>DATE OF ORDER</b>	/ /	<b>Your Ref.</b>	
<b>Phone</b>		<b>Fax</b>	
		<b>Email</b>	

### SECTION A (II): PAYMENT DETAILS

Enclosed is Payment for an Account Based Pension for the sum of \$

Direct Debit\*    
  Visa Card    
  MasterCard    
  Cheque

Card Holder Name			
Credit Card Number	- - -		
Expiry Date	/	<b>Authorised Card Signature</b>	

\*To pay by Direct Debit you must have a current Direct Debit arrangement with Topdocs Pty Ltd.  
If you would like to arrange for Direct Debit for future purchases please contact Topdocs Pty Ltd on 1300 65 92 42.

### SECTION B: FUND DETAILS

<b>FUND NAME</b>			
Registered Address			
Address where the meetings of the Trustees are held			
ABN of the Fund	- - -		

IS THE FUND CURRENTLY REGISTERED FOR PAYG WITHHOLDING?     YES      NO

IS THE FUND REQUIRED TO BE REGISTERED FOR PAYG WITHHOLDING?     YES      NO

## SECTION C: TRUSTEE INFORMATION

If the Trustee of the Fund is a Company, enter the Company Details below:

Corporate Trustee Name		ACN	-	-
Registered Address				
Company Chairman				

Enter the details of the Individual Trustees, or if the Trustee is a Company, the Directors of the Corporate Trustee:

Trustee 1 Name		Individual Trustee	<input type="checkbox"/>	Director of Corporate Trustee	<input type="checkbox"/>
Trustee 2 Name		Individual Trustee	<input type="checkbox"/>	Director of Corporate Trustee	<input type="checkbox"/>
Trustee 3 Name		Individual Trustee	<input type="checkbox"/>	Director of Corporate Trustee	<input type="checkbox"/>
Trustee 4 Name		Individual Trustee	<input type="checkbox"/>	Director of Corporate Trustee	<input type="checkbox"/>

Which Trustee / Director will sign the Tax Office Documentation relating to the pension if applicable?	
Trustee / Director's Title	
Trustee / Directors Contact Phone Number	

## SECTION D: DETAILS OF MEMBER RECEIVING BENEFIT

<b>MEMBER NAME</b>		Title	
Address			
Date of Birth	/ /	Gender (M/F)	
Tax File Number	- -		

## SECTION E: PENSION DETAILS

<b>PENSION COMMENCEMENT DATE</b>	/ /							
<b>PENSION PURCHASE PRICE</b>	\$							
Is this a Transition to Retirement Pension?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>				
Tax Free Threshold Claimed?*	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>				
At what Frequency will Pension Payments be Made?	Weekly	<input type="checkbox"/>	Monthly	<input type="checkbox"/>	Quarterly	<input type="checkbox"/>	Yearly	<input type="checkbox"/>
Is the Member receiving the pension confirming prior instructions or instructing the trustee as of today to commence the pension?	Confirming Prior Instructions	<input type="checkbox"/>	Instructing as of today	<input type="checkbox"/>				
What date did the Member first request their pension to be paid?	/ /							

What Condition of Release has the Member met to be eligible to receive the Pension?	<input type="checkbox"/> has an unrestricted non-preserved component <input type="checkbox"/> has reached preservation age, ceased employment & doesn't intend to ever take up employment for more than 10 hours per week <input type="checkbox"/> has reached age 60 and terminated their most recent employment <input type="checkbox"/> is age 65 or over <input type="checkbox"/> is permanently incapacitated <input type="checkbox"/> has a terminal medical condition <input type="checkbox"/> is between the ages of 55 and 64 and has reached their preservation age at the date of commencement of the pension.
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\*Note: If the Recipient of the Pension has already claimed the tax free threshold through their employment or another income stream, do not claim the tax free threshold for this Pension.

ARE YOU NOMINATING A REVERSIONARY FOR THIS PENSION?      Yes     No

**REVERSIONARY DETAILS**

Full Name of Reversionary		Gender (M/F)	
Address			
Date of birth	/   /	Relationship to Pensioner	

**SECTION F: PENSION PURCHASE PRICE COMPONENTS**

Enter the Details of the Members Balance to be transferred into the Pension:

Tax free Component	\$	%
Taxable Component	\$	%
<b>TOTAL PENSION PURCHASE PRICE</b>	<b>\$</b>	<b>%</b>

**SECTION G: TAX OFFICE INFORMATION (IF PENSIONER AGED BETWEEN 55 – 59)**

**Please answer the following questions relating to the Pension commencement:**

- Is the Pensioner an Australian Resident for Tax Purposes? Yes     No
- Is the Pensioner claiming a reduced rate of withholding for either family tax benefit? or Senior Australians tax offset? Yes     No
- Is the Pensioner claiming a zone, dependant spouse or special tax offset? Yes     No
- Does the Pensioner have an accumulated HECS Debt? Yes     No
- Does the Pensioner have an accumulated Financial Supplement Debt? Yes     No

**ADDITIONAL INFORMATION:**

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