

Account Based Pension or TRIS Reset 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

SECTION A (I): PERSON / ADVISOR ORDERING DETAILS

| | | | |
|----------------------------|-----|------------------|--|
| YOUR NAME | | Signature | |
| YOUR COMPANY NAME | | | |
| YOUR POSTAL ADDRESS | | | |
| DATE OF ORDER | / / | Your Ref. | |
| Phone | | Fax | |
| | | Email | |

SECTION A (II): PAYMENT DETAILS

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

Direct Debit*
 Visa Card
 MasterCard
 Cheque

| | | | |
|--------------------|-------|----------------------------------|--|
| Card Holder Name | | | |
| Credit Card Number | - - - | | |
| Expiry Date | / | Authorised Card Signature | |

*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

| | | | |
|---|--|--|--|
| FUND NAME | | | |
| Address where the meetings of the Trustees are held | | | |

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"/> |

SECTION D: DETAILS OF MEMBER RECEIVING BENEFIT

| | | | | | |
|--------------------|-----|--------------|--|-------|--|
| MEMBER NAME | | | | Title | |
| Date of Birth | / / | Gender (M/F) | | | |
| Address | | | | | |

SECTION E: PENSION DETAILS

| | | | | |
|---|---|----------------------------------|------------------------------------|---------------------------------|
| PENSION RESET DATE | | | | |
| NEW PENSION PURCHASE PRICE | \$ | | | |
| What type of Pension is the Pensioner Resetting? <i>(note that you can reset multiple pension, of different types. Please select all that apply & input the number of pensions where applicable)</i> | <i>Pension Type</i> | | | <i>No. of pensions</i> |
| | <input type="checkbox"/> Account Based Pension | | | ___ |
| | <input type="checkbox"/> Transition to Retirement Income Stream | | | ___ |
| | <input type="checkbox"/> Allocated Pension | | | ___ |
| | <input type="checkbox"/> Transition to Retirement Allocated Pension | | | ___ |
| Is the new Pension a Transition to Retirement Pension? | <input type="checkbox"/> Yes | | <input type="checkbox"/> No | |
| At what Frequency will Pension Payments be Made? | <input type="checkbox"/> Weekly | <input type="checkbox"/> Monthly | <input type="checkbox"/> Quarterly | <input type="checkbox"/> Yearly |
| Is the Member receiving the pension confirming prior instructions or instructing the trustee as of today to reset 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? | / / | | | |
| If no, 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. | | | |

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: NEW PENSION PURCHASE PRICE

Enter the Details of the new Pension balance tax free and taxable components.

| | | |
|-------------------------------------|-----------|----------|
| Tax free Component | \$ | % |
| Taxable Component | \$ | % |
| TOTAL PENSION PURCHASE PRICE | \$ | % |