

Conversion of an Allocated Pension or TRAP to an Account Based Pension or TRIS 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 a Allocated Pension Conversion 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			

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 C: DETAILS OF MEMBER RECEIVING BENEFIT

MEMBER NAME		Title	
Previous Member Name*			
Date of Birth	/ /	Gender (M/F)	
Eligible Service Date	/ /	Tax File Number	- -
Address			

*Only applicable if the Member's name has change since the Fund last dealt with the Tax Office

SECTION D: PENSION DETAILS

Existing Allocated Pension Details:

Existing Allocated Pension commencement date	/ /		
Is the existing Allocated Pension a Transition to Retirement Pension?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Allocated Pension Deductible Amount	\$		
Allocated Pension conversion date	/ /		

New Account Based Pension details:

Is the Account Based Pension a Transition to Account Based Pension?	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"/>

DOES THE EXISTING ALLOCATED PENSION HAVE A REVERSIONARY PENIOER NOMINATED? Yes No

Reversionary Details:

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

SECTION E: PENSION PURCHASE PRICE AT CONVERSION DATE

Enter the Details of the Member's Allocated Pension balance as at the date of conversion:

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

ADDITIONAL INFORMATION:
