T O P D O C S . C O M . A U

# TOPDOCS

**ACCOUNT BASED PENSION OR TRIS RESET   
FULL SERVICE ORDER FORM**

To order your Account Based Pension or TRIS Reset documents:

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 [**or**](mailto:orders@topdocs.com.au)[**ders@topdocs.com.au**](mailto:ders@topdocs.com.au)

**SECTION A (I): PERSON/ADVISER ORDERING DETAILS**

|  |  |
| --- | --- |
| Name: | Signature: |
| Company Name: | |
| Postal Address: | |
| Date Of Order:    /    / | Your Ref: |
| Phone: (     ) -       - | Fax: (     ) -       - |
| Email: | |

**SECTION A (II): PAYMENT DETAILS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Enclosed is payment for an Account Based Pension or TRIS Reset for the sum of: $ | | | | |
| Direct Debit\* | Visa | 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 agreement with Topdocs. If you would like to arrange for Direct Debit for future purchases please contact Topdocs on **1300 65 92 42**

**SECTION B: FUND DETAILS**

|  |
| --- |
| Name of Fund: |
| Address where the meetings of the Trustees are held: |

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**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 | Director of Corporate Trustee |
| **Trustee 2** | Name: | Individual Trustee | Director of Corporate Trustee |
| **Trustee 3** | Name: | Individual Trustee | Director of Corporate Trustee |
| **Trustee 4** | Name: | Individual Trustee | Director of Corporate Trustee |

**SECTION D: DETAILS OF MEMBER RECEIVING BENEFIT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Member** | Name: | | Title: | |
| Date of Birth:    /    / | | Male | | Female |
| Address: | | | | |

**SECTION E: PENSION DETAILS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Pension Reset Date:**    /    / | | | | | |
| **New Pension Purchase Price:** $ | | | | | |
| What type of Pension is the Pensioner Resetting?  *(note that you can reset multiple pension, of different types. Please select all that apply & input the number of pensions where applicable)* | Pension Type | | | No. of pensions | |
| Account Based Pension  Transition to Retirement Income Stream  Allocated Pension  Transition to Retirement Allocated Pension | | |  | |
| Is the **new Pension** a Transition to Retirement Pension? | Yes | No | | | |
| At what Frequency will Pension Payments be Made? | Weekly | Monthly | Quarterly | | Yearly |
| Is the Member receiving the pension confirming prior instructions or instructing the trustee as of today to commence the pension? | Confirming prior instructions | | Instructing as of today | | |
| What date did the Member first request their pension to be paid? | /    / | | | | |

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|  |  |
| --- | --- |
| What Condition of Release has the Member met to be eligible to receive the Pension? | has an unrestricted non-preserved component  has reached preservation age, ceased employment & doesn’t intend to ever take up employment for more than 10 hours per week  has reached age 60 and terminated their most recent employment  is age 65 or over  is permanently incapacitated  has a terminal medical condition  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: | | Male | Female |
| 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** | **$** | **%** |