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

# TOPDOCS

**CONVERSION OF AN ALLOCATED PENSION OR TRAP TO AN ACCOUNT BASED PENSION OR TRIS**

**FULL SERVICE ORDER FORM**

To order your Allocated Pension Conversion 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 a Allocated Pension Conversion 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**

|  |
| --- |
| 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: | |

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Trustee 1** | Full Name: | Individual Trustee | Director of Corporate Trustee |
| **Trustee 2** | Full Name: | Individual Trustee | Director of Corporate Trustee |
| **Trustee 3** | Full Name: | Individual Trustee | Director of Corporate Trustee |
| **Trustee 4** | Full Name: | Individual Trustee | Director of Corporate Trustee |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Member** | Full Name: | | | Title: | |
| Previous Member Name\*: | | | | | |
| Date of Birth:    /    / | | | Male | | Female |
| Eligible Service Date:    /    / | | Tax File Number\*:     -     - | | | |
| Address: | | | | | |

\*Only applicable if the Member’s name has changed 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 | No |
| Allocated Pension Deductible Amount: $ | | |
| Allocated Pension conversion date:    /    / | | |

**New Account Based Pension Details:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Is the new Account Based Pension a Transition to Retirement Income Stream? | | | Yes | | No | |
| At what Frequency will Pension Payments be Made? | Weekly | Monthly | | Quarterly | | Yearly |

|  |  |  |
| --- | --- | --- |
| **DOES THE EXISTING ALLOCATED PENSION HAVE A REVERSIONARY PENSIONER NOMINATED?** | Yes | No |

**Reversionary Details:**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name of Reversionary: | | Male | Female |
| Address: | | | |
| Date of Birth:    /    / | Relationship to Pensioner: | | |

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**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:

|  |
| --- |
|  |
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|  |