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

# TOPDOCS

**COMPLYING PENSION RESET**

**FULL SERVICE ORDER FORM**

To order your Complying Pension 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 a Complying Pension 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**

|  |
| --- |
| 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** | 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 D: DETAILS OF MEMBER RECEIVING BENEFIT**

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

**SECTION E(I): CURRENT PENSION DETAILS**

|  |  |
| --- | --- |
| What type of Pension is the Member currently receiving? | Lifetime Complying  Life Expectancy  Market Linked |
| Pension Commutation Date:    /    / | |

**SECTION E(II): NEW MARKET LINKED PENSION DETAILS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Pension Commencement Date:    /    / | | | | | | |
| Pension Purchase Price: $ | | | | | | |
| Pension Term Required: | | | | | | |
| At what Frequency will Pension Payments be Made? | Weekly | Monthly | Quarterly | | Yearly | Irregular |
| Is the Member receiving the pension confirming prior instructions or instructing the trustee as of today to reset the pension? | Confirming prior instructions | | | Instructing as of today | | |
| What date did the Member first request their pension to be reset? | /    / | | |  | | |

|  |  |
| --- | --- |
| What Condition of Release has the Member met to be eligible to receive the Market Linked 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 |

|  |  |  |
| --- | --- | --- |
| **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: MARKET LINKED PENSION PURCHASE PRICE COMPONENTS**

If known, please provide taxable and tax-free components of the new Market Linked Pension.

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

## ADDITIONAL INFORMATION:

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| --- |
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