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

# TOPDOCS

**PENSION REVERSION AMENDMENT   
FULL SERVICE ORDER FORM**

To order your Pension Reversion Amendment documents:

1. Complete all relevant fields in BLOCK LETTERS
2. Attach a copy of the Fund’s most recent Trust Deed **AND** the current pension agreement for the Member
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)
4. **Please note that if the Fund this order relates to is not on the Topdocs Governing Rules Version 14.01, 15.01 or 16.02, the trust deed for the Fund will need to be updated at the same time as the pension reversion amendment which will attract an additional fee. For pricing relating to this, please contact our office.**

**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 Pension Reversion Amendment 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 659 242**

**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 | 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: |
| Address: | |

**SECTION E: TRUST DEED & GOVERNING RULES**

|  |  |
| --- | --- |
| Does the Fund currently have a Topdocs Trust Deed? | Topdocs Governing Rules: Version:  Non Topdocs Deed\* |

\*Please note that if the Fund is not on the Topdocs Governing Rules Version 14.01, 15.01 or 16.02, the trust deed for the Fund will need to be updated at the same time as the pension reversion amendment which will attract an additional fee. For pricing relating to this, please contact our office.

**SECTION F: EXISTING PENSION DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| Pension Type | Account Based Pension  Transition to Retirement Income Stream  Other: | | |
| Pension Commencement Date / Unique Identifier | Commenced:  Pension #:  Other: | | |
| Is there a current Pension Agreement in place?  **\*please ensure the pension agreement is sent to our office as part of your order** | Yes | No | |
| Is there a current Reversionary Beneficiary Nominated? | Yes | No | |
| IF **YES,** complete the following: | Name:  Date of Birth:  Is the change being made because of the death of the nominated Reversionary Beneficiary?  Yes  No | |  |

**SECTION F: REVERSIONARY PENSION NOMINATION CHANGE**

|  |  |  |
| --- | --- | --- |
| Details of Change | Cancel Existing Reversionary Pension Nomination Only  Cancel Existing Reversionary Pension Nomination & Nominate New Reversionary Beneficiary  Nominate New Reversionary Beneficiary Only | |
|  | Name of New Reversionary Beneficiary: | |
|  | Date of Birth:       /       / | Gender:  Male  Female |
|  | Relationship to Member:  Spouse  Other: | |
|  | Address: | |