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



# TOPDOCS

**SMSF DEATH BENEFIT PENSION   
FULL SERVICE ORDER FORM**

To order your SMSF Death Benefit Pension documentation:

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. Alternatiely, 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 SMSF Death Benefit Pension 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: |
| ABN of the Fund:      -      -      - |

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Is the Fund currently registered for PAYG withholding? Yes No

Is the Fund required to be registered for PAYG withholding? Yes No

**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 |

|  |
| --- |
| Which Trustee / Director will sign the Tax Office Documentation relating to the pension if applicable: |
| Trustee / Director’s Title: |
| Trustee / Director’s Contact Phone Number: |

**SECTION D: DETAILS OF THE PENSION RECIPIENT**

|  |  |  |
| --- | --- | --- |
| Name of the **deceased** Member who’s benefits are being paid as an SMSF Death Benefit Payment: | | |
| Name of the Member who is receiving the SMSF Death Benefit Pension (Pension Recipient): | | |
| How are the deceased Member and the Pension Recipient related? | | |
| Pension Recipient Address: | | |
| Pension Recipient Date of Birth:    /    / | Male | Female |
| Pension Recipient Tax File Number\*:     -     - | | |

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**SECTION E: PENSION DETAILS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Pension Commencement Date:    /    / | | | | |
| Pension Purchase Price: $ | | | | |
| Tax Free Threshold Claimed?\* | Yes | No |  | |
| At what frequency will Pension Payments be made? | Weekly | Monthly | Quarterly | Yearly |
| What date did the Pension Recipient first request their pension to be paid? | /    / | | | |

\*Note: If the Recipient of the Pension has already claimed the tax free threshold through their employment or another income stream, do not claim the tax free threshold for this 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 Pension Recipient: | | |

**SECTION F: PENSION PURCHASE PRICE COMPONENTS**

**Enter the components making up the SMSF Death Benefit Pension:**

|  |  |  |
| --- | --- | --- |
| Tax free Component: | $ | $ |
| Taxable Component: | $ | $ |
| Total Pension Purchase Price: | $ | $ |

**SECTION G: TAX OFFICE INFORMATION (IF PENSIONER AGED BETWEEN 55 – 59)**

**Please answer the following questions relating to the Pension commencement:**

Is the Pension Recipient an Australian Resident for Tax Purposes? Yes  No

Is the Pension Recipient claiming a reduced rate of withholding for either family tax benefit?

or Senior Australians tax offset? Yes  No

Is the Pension Recipient claiming a zone, dependant spouse or special tax offset? Yes  No

Does the Pension Recipient have an accumulated HECS Debt? Yes  No

Does the Pension Recipient have an accumulated Financial Supplement Debt? Yes  No