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

# TOPDOCS

**ACCOUNT BASED PENSION &**

**TRANSITION TO RETIREMENT ACCOUNT BASED PENSION   
FULL SERVICE ORDER FORM**

To order your Account Based Pension & Transition to Retirement Account Based Pension 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. 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 Account Based 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: |
| Registered Address: |
| Address where the meetings of the Trustees are held: |
| ABN of the Fund:      -      -      - |

## TOPDOCS

**ACCOUNT BASED PENSION & TRANSITION TO RETIREMENT ACCOUNT BASED PENSION   
FULL SERVICE ORDER FORM**  PAGE 2 OF 4

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 MEMBER RECEIVING BENEFIT**

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

## TOPDOCS

**ACCOUNT BASED PENSION & TRANSITION TO RETIREMENT ACCOUNT BASED PENSION   
FULL SERVICE ORDER FORM**  PAGE 3 OF 4

**SECTION E: PENSION DETAILS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Pension Commencement Date**:    /    / | | | | |
| **Pension Purchase Price:** $ | | | | |
| Is this a Transition to Retirement Pension? | Yes | No |  | |
| Tax Free Threshold Claimed?\* | 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? | /    / | | | |
| 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. | | | |

\*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 Pensioner: | | |

## TOPDOCS

**ACCOUNT BASED PENSION & TRANSITION TO RETIREMENT ACCOUNT BASED PENSION   
FULL SERVICE ORDER FORM**  PAGE 4 OF 4

**SECTION F: PENSION PURCHASE PRICE COMPONENTS**

**Enter the details of the Members Balance to be transferred into the Pension:**

|  |  |  |
| --- | --- | --- |
| Tax free Component: | $sdfs | $ |
| 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 Pensioner an Australian Resident for Tax Purposes? Yes  No

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

or Senior Australians tax offset? Yes  No

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

Does the Pensioner have an accumulated HECS Debt? Yes  No

Does the Pensioner have an accumulated Financial Supplement Debt? Yes  No

**ADDITIONAL INFORMATION:**

|  |
| --- |
|  |
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|  |