

ESTABLISHMENT OF ACCOUNT BASED PENSION

Please complete all sections below and return to our office for processing.

SUPERANNUATION FUND DETAILS	
Name of superannuation fund	
Contact Name	
Contact Phone Number	
Trustee(s) of superannuation fund.	
Date of Establishment of superannuation fund	
Address for Trustee meetings	
MEMBER DETAILS	
Name of member seeking pension	
Member's Date of Birth	
Member's Eligible Service Period	
Member's Tax File Number	
Condition of Release (please specify)	Attained Preservation Age (transition to retirement pension)
	Over 55, retired with no intention to re-enter workforce
	Over 60 and retired
	65 or over
	Total and permanent incapacity
ACCOUNT BASED PENSION DETAILS	
Pension commencement date	
Amount used to purchase pension	Entire available balance
	Other Amount:
Reversionary Percentage	Yes / No _____ %
Name of spouse (for reversionary purposes)	

Spouse's date of birth	
Components of member's account balance as at pension commencement date:	
Tax free component	
Taxable component	
Desired annual pension income	
Frequency of Pension Payments	
Specify if assets are Segregated or Unsegregated	
INVESTMENT INFORMATION	
List the asset classes (e.g fixed interest, Australian equities, property, etc.) and their approximate market value at the date the pension is to be commenced:	
Asset	Market Value
PLEASE ATTACH INVESTMENT SCHEDULE	

Please ensure you attach the following to your submission:

- The most recent set of audited financials. This should include member statements.
- A member's statement as at the nominated start date of the pension(s).
- An extract of the relevant pension clauses from the current deed.

Please post/fax/email the completed form to:

New Super
PO Box 714
ORMEAU QLD 4208

Member Declaration:

I hereby request that an allocated pension be established in accordance with my instructions above. I declare that the information provided on this form is complete and accurate and that I understand my superannuation fund will be charged \$550 incl GST for each pension commenced.

Member's signature: _____ Date: _____

DISCLAIMER: New Super prepares all documents based on the information provided on this form. Please ensure clear and correct instructions are provided as New Super will not be held responsible for any errors arising from incorrect information given. Charges may be incurred to prepare additional documents if an error is located in the information provided on this form