

# Pension Establishment Request

The Trustees of the superannuation fund advise that a Resolution has been made to commence a pension for the member from the pension commencement date enclosed.

We, the Trustees, instruct you to prepare the appropriate documentation to establish the pension in accordance with the Trustees resolution.

## Pension Establishment Details

Superannuation Fund Name \_\_\_\_\_

Member Name (pension recipient) \_\_\_\_\_

Pension Commencement Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Member Tax File Number

Is the Member Claiming the tax free threshold?  Yes  No  N/A (60+)

Use full member balance to commence pension?  Yes  No

If No, amount used to commence pension \_\_\_\_\_

Is the member intending to claim any member concessional (deductible) contributions within the financial year prior to commencing a pension?  Yes  No

Is the member currently in receipt of any other pension/s from another superannuation fund?  Yes  No

If Yes, can the member confirm that the new pension will not cause the member to exceed their Personal Transfer Balance Cap?  Yes  No

Is the member currently in receipt of the Australian Age Pension or Commonwealth Seniors Health Card?  Yes  No

If Yes, has the member sought advice on the implications of the new pension (we strongly recommend you seek advice)?  Yes  No

## Condition of Release

Attained Age 65  Termination of Employment (Aged 60-64)

Permanent Retirement (Aged 55-64)  Pre Retirement Pension (Aged 55-64)

Aged 60 and ceased gainful employment

Other \_\_\_\_\_

\_\_\_\_\_

Is the pension to be reversionary?  Yes  No

(ie continue to be paid as a pension to the nominated beneficiary upon death)

Name of Reversionary Beneficiary \_\_\_\_\_

Relationship with the Member \_\_\_\_\_

Reversionary's Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender  Male  Female

## Adviser Details

Adviser Name \_\_\_\_\_ Tel \_\_\_\_\_

## Trustees' Authority

Trustee Name \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_