

Application to commence ABP or TTR



Before proceeding, ensure that the self-managed superannuation fund trust deed permits the trustee to pay an account based pension and transition to retirement income stream (if applicable).

PART 1: Primary contact details

Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>		
Given name	<input type="text"/>			Surname	<input type="text"/>
Street address	<input type="text"/>				
Suburb/City	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>
Postal address <i>(if different)</i>	<input type="text"/>				
Suburb/City	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>
Email address	<input type="text"/>				
Telephone	<input type="text"/>			Mobile	<input type="text"/>
I am a	<input type="checkbox"/>	Trustee/director	<input type="checkbox"/>	Adviser	

PART 2: Fund details

Fund name	<input type="text"/>				
Fund ABN	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fund TFN	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Trustee meeting address	<input type="text"/>				
Suburb/City	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>
<i>If corporate trustee</i>					
Company name	<input type="text"/>				
Company registered address	<input type="text"/>				
Company ACN/ABN	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

PART 3: SMSF trustee and member details

Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>		Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	
Given name(s)	<input type="text"/>				<input type="text"/>			
Surname	<input type="text"/>				<input type="text"/>			
Role	Individual trustee <input type="checkbox"/>	Trustee/director <input type="checkbox"/>	Member <input type="checkbox"/>		Individual trustee <input type="checkbox"/>	Trustee/director <input type="checkbox"/>	Member <input type="checkbox"/>	
Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>		Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	
Given name(s)	<input type="text"/>				<input type="text"/>			
Surname	<input type="text"/>				<input type="text"/>			
Role	Individual trustee <input type="checkbox"/>	Trustee/director <input type="checkbox"/>	Member <input type="checkbox"/>		Individual trustee <input type="checkbox"/>	Trustee/director <input type="checkbox"/>	Member <input type="checkbox"/>	

SMSF Application Form

Pension Commencement – Account-based pension

Use this form to



PART 4: Member commencing pension & details of pension

Member commencing Pension	<input type="text"/>	
Date pension commence	<input type="text"/> / <input type="text"/> / <input type="text"/>	
Pension commencement amount (pension purchase price)	<input type="text"/>	For example: <\$amount> or account balance as at <date>.
Member address	<input type="text"/>	
Type of Pension	<input type="checkbox"/> Transition to retirement income stream (account based) Suitable if you have reached your preservation age, and still working full-time or part-time.	
	<input type="checkbox"/> Account based pension Suitable if you have reached your preservation age and retired, or are 65 years of age and over	
Is the member nominating a reversionary beneficiary	No <input type="checkbox"/> Yes <input type="checkbox"/> (complete below)	
	<i>A reversionary beneficiary must be a dependant for superannuation and tax purposes, e.g. spouse (legal or de facto). Your nomination cannot be changed once your pension commences. If you nominate your child, you can only nominate a child who is less than 18 years of age, or a child who is over the age of 18 years and under 25 years who is financially dependent on you at the date of nomination, or a child who is permanently disabled. A pension that is paid to a reversionary beneficiary who is a child will automatically terminate if the child has ceased to be entitled to receive a pension or on the child's 25th birthday, and the remaining balance of the pension account (if any) will be paid as a lump sum unless the child is permanently disabled.</i>	
Given name	<input type="text"/>	Surname <input type="text"/>
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	
Relationship to member	<input type="text"/>	

Member declaration and signature

Signature	<input type="text"/>		
Print name	<input type="text"/>	Date	<input type="text"/> / <input type="text"/> / <input type="text"/>

This is an electronic PDF form. You can type directly in the spaces provided using any PDF software. Once completed, you can submit by either of these methods

- EMAIL: Save & submit the PDF form to us via email applications@mysuperexpert.com.au, or
- FAX: Print and fax it to (03) 8692 2756
- POST: Print and post it to

My Super Expert, Level 9, 440 Collins Street, Melbourne 3000
This is NOT an online registration