

Pension fund Application Form



A		Fund details	
1	Fund name		
2	Address		
Please return this form to the above address. We recommend that you seek advice from your financial planner before committing to a pension.			
B		Member details	
	Member number		Daytime phone
	Title	Given names	
	Surname		
	Address		
	City	State	Postcode
	Date of birth		Gender M / F
C		Tax file number	
Collection of Tax File Numbers (TFNs) is authorised and their use and disclosure are strictly regulated by tax laws and the Privacy Act. It is not an offence if you do not provide a TFN, however, if you do not quote it, tax will be deducted at the highest marginal tax rate of 46.5% (including Medicare Levy).			
1	Tax file number		
D		Pension payment	
1	Please nominate if you are applying for a total or partial release of your benefits:		
1.1	<input type="radio"/>	I apply for the total release of my benefits	
1.2	<input type="radio"/>	I apply for the partial release of the following benefit amount \$	
2	Type of pension <i>please nominate and complete the relevant section</i>		
2.1	<input type="radio"/>	Account based pension	
		Please nominate how much you want to receive as your pension payment:	
	<input type="radio"/>	Minimum level	
	<input type="radio"/>	\$	<i>subject to minimum level</i>
2.2	<input type="radio"/>	Term allocated pension Known as 'market linked pension', a new market linked pension can only be paid if existing market linked pension is rolled-over to start a new one	
2.3	<input type="radio"/>	Non-commutable account based pension Known as a transition to retirement pension	
3	Pension payment frequency		
3.1	Please nominate the frequency of your pension payments:		
	<input type="radio"/>	Annually	<input type="radio"/>
	<input type="radio"/>	Quarterly	<input type="radio"/>
		Half yearly	
		Monthly	
3.2	Please nominate when you want the payments to begin:		
3.1.2	Date		
3.3	Please nominate how you would like to receive the payments		
3.1.3	<input type="radio"/>	Cheque	
3.2.3	<input type="radio"/>	Electronic funds transfer to the following account (you must be an account holder):	
	BSB		Account no.
	Account name		
	Bank		
	Bank address		
E		Reversionary beneficiary option	
1	In the event of your death, if you would like to nominate a dependant as a reversionary beneficiary to receive a reversionary pension please provide their details below:		

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2	Title		Given names	
3	Surname			
4	Gender	M / F	Date of birth	
5	Relationship to you			
F	Condition of release			
1	As the law restricts your ability to withdraw your superannuation benefit, we need to know the reason for your withdrawal. The payment of a benefit via a pension must first be allowed by the super fund trust deed and must meet one or more of the following conditions of release. Please indicate which of the following conditions of release applies to you:			
1.1	<input type="radio"/>	I have reached my preservation age and have permanently retired from the workforce. A Statutory Declaration is required to this effect if under 60 when retiring.		
		Born on or after	Preservation age	
		1 July 1960	56 years	
		1 July 1961	57 years	
		1 July 1962	58 years	
		1 July 1963	59 years	
		1 July 1964	60 years	
1.2	<input type="radio"/>	I have reached my preservation age and want to receive a non-commutable pension while continuing to work.		
1.3	<input type="radio"/>	I am over the age of 60 and declare that I have left my employer after my 60 th birthday.		
1.4	<input type="radio"/>	I am suffering from severe financial hardship.		
1.5	<input type="radio"/>	I am over the age of 65 and wish to claim a lump sum benefit.		
1.6	<input type="radio"/>	I am withdrawing unrestricted non-preserved benefits. These can be withdrawn at any time.		
1.7	<input type="radio"/>	On compassionate grounds. You need to obtain a determination from APRA.		
1.8	<input type="radio"/>	I am permanently incapacitated. You will need to provide 2 medical certificates stating that you are unable to return to the workforce by 2 independent doctors or specialists.		
1.9	<input type="radio"/>	I am temporarily incapacitated. You can only access non-commutable income stream.		
1.10	<input type="radio"/>	I have a terminal medical condition. You will need 2 medical certificates from medical practitioners (one being a specialist in the area of illness or injury) to certify that, in the normal course, death will result in less than 12 months from the particular illness or injury.		
2	Please note the date you are retiring or ceasing work:			
2.1		Date		
G	Declaration			
1	I declare that the information that I have given in this form is true.			
	Signature			Date