

# The Portfolio Service SMSF

## Pension application form

Please use this form if you would like to start a pension.

### Part A: The fund/member details

Member's account  
number

Fund name

Member name

Date of birth

Note: A tax file number declaration (NAT 3092) is required if you are under age 60 as at 1 July of the year the pension commences. This form is available from the ATO.

### Part B: Pension details

#### 1. Transferring benefits from your accumulation account

Amount to be transferred

Entire balance, or

Partial amount\* of \$

\* Your benefits will be taken proportionately from your taxable and tax-free components

Please advise if you wish to:

continue to be able to contribute to your fund

claim a tax deduction for contributions made to your accumulation account.



## 5. Payment frequency

Please specify the preferred first payment month

I request that my pension be paid to my nominated account on the 15th of every:

- Month
- Quarter
- Half-year
- Year

## 6. Pension commencement date

Please nominate pension commencement date:

 /  / 

### Financial institution details

Please make pension payments to the following Australian bank or credit union:

Financial institution	
Account name	
BSB	
Account number	

## 7. Nominated beneficiary(ies)

Please nominate one of the following options for the payment of a death benefit. If you do not provide beneficiary details, your benefit will be paid at the discretion of the remaining trustees.

- Please continue my pension to the reversionary beneficiary nominated below:

Beneficiary's surname	
Beneficiary's given name	
Beneficiary's date of birth	
Relationship to member	

or

- I direct the trustees to make payment in accordance with the details below.

I acknowledge that the trustees do not have discretion and that the nomination shall be followed, provided that my nominated dependants meet superannuation law requirements.

or

- I request that the trustees exercise discretion when determining my death benefit recipients.

I request that the trustees take into account my preferred beneficiaries as detailed on page 4 of this form.

**Beneficiary details**

Legal personal representative	
Percentage of benefit (%)	

Beneficiary's surname	
Beneficiary's given name	
Beneficiary's date of birth	
Relationship to member	
Percentage of benefit (%)	

Beneficiary's surname	
Beneficiary's given name	
Beneficiary's date of birth	
Relationship to member	
Percentage of benefit (%)	

Beneficiary's surname	
Beneficiary's given name	
Beneficiary's date of birth	
Relationship to member	
Percentage of benefit (%)	

Beneficiary's surname	
Beneficiary's given name	
Beneficiary's date of birth	
Relationship to member	
Percentage of benefit (%)	

Beneficiary's surname	
Beneficiary's given name	
Beneficiary's date of birth	
Relationship to member	
Percentage of benefit (%)	

## Part C: Financial adviser details

### 8. Financial adviser remuneration

Please advise whether adviser service fees are to be paid.

 No

 Yes, please pay fees as set out below.

An annual fee of \$  or A percentage based fee  %

Note: Your financial adviser will be paid monthly in arrears. Where a percentage based fee is payable, the amount will be based on the value in the account on the last day of the month.

### 9. Financial adviser details

Dealer group	
Adviser name	
Adviser signature	
Date	

## Part D: Declarations

### 10. Member declaration

I declare that I have satisfied a condition of release in accordance with the Superannuation Industry (Supervision) Act 1993 (SIS Act) and the Superannuation Industry (Supervision) Regulations 1994 (SIS Regulations).

I declare that the information contained in this 'Pension application form' is true and correct.

Member name	
Member signature	
Date	

## 11. Trustee acceptance

The trustee(s) of the fund have accepted this member's application to commence a pension based on the information contained in this application.

The trustee(s) are satisfied that the member is entitled to receive benefits from the fund in accordance with superannuation law.

This request has been accepted by:

Corporate trustee name (if applicable)	
Trustee/director name	
Trustee/director signature	
Date	
Trustee/director name	
Trustee/director signature	
Date	
Trustee/director name	
Trustee/director signature	
Date	
Trustee/director name	
Trustee/director signature	
Date	

Please return to:

**Australian Executor Trustees Limited**  
**SMSF Administration Services**  
GPO Box 546  
Adelaide SA 5001