

# Pension Application Form

To the Trustee/s \_\_\_\_\_ Superannuation Fund

## Section A – Details of Member Applying to Receive Benefit

I (Member Name) \_\_\_\_\_

of (Address) \_\_\_\_\_

confirm that I am a member of the abovementioned fund and I apply for a benefit to be paid to me as detailed below.

Age at Commencement of Pension: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

First or Subsequent Pension: \_\_\_\_\_ Reset (add to existing pension: Yes / No

## Section B – Pension Details

Pension commencement date				
Pension value	<input type="checkbox"/> Equal to member balance	<input type="checkbox"/> \$		
Is this a Transition to Retirement Pension? (See Section D)	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
For PAYGW purposes, if applicable: Tax-free threshold claimed from other sources?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
At what frequency will pension payments be made?	Irregularly	Monthly	Quarterly	Yearly
	(Please Circle)			

## Section C - Reversionary Details:

Are you nominating a reversionary for this pension? Yes <input type="checkbox"/> No <input type="checkbox"/> (Your spouse, minor children or dependant children under 25 - discuss with advisor)			
Full Name of Reversionary:		Gender:	M / F
Address:			
Date of Birth:	/ /	Relationship to Member:	

## Section D - Condition of Release

The law restricts your ability to withdraw your superannuation benefit; therefore the trustees need to know the reason for your withdrawal :

- I am over 55 years of age and want to receive a non-commutable pension while continuing to work (Transition to Retirement Pension).
- I am over 55 years of age and have retired from the workforce on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ . I do not intend to work more than 10 hours per week in the future (Account Based Pension).
- I am over the age of 60 and declare that I left my employer after my 60<sup>th</sup> birthday on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ . (Account Based Pension).
- I am over the age of 65 and wish to start an income stream (Account Based Pension)
- Permanently incapacitated / Severe financial hardship / Compassionate grounds (Please call our office to discuss requirements).

**Section E – Investment Strategy of Fund**

Does the Fund have sufficient liquidity for two to three years' worth of pension, in order to meet the minimum annual payment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
--	------------------------------	-----------------------------

**Declaration**

I declare that the information I have given in this form is true.

Signature (Member/Adviser) \_\_\_\_\_

Dated: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Please return to:**

**Smartsuper**  
PO Box 529  
North Sydney NSW 2059