



Account Based Pension & Transition to Retirement Pension

What you are required to do to order:

1. Complete all relevant fields in BLOCK LETTERS
2. Attach a copy of the Fund's most recent Trust Deed (If not already held by Justsuper).
3. Mail this form, along with the documentation outlined above, to Justsuper. Alternatively, email this form and the required documentation to Justsuper at info@justsuper.com.au

SECTION A: PERSON / ADVISER ORDERING INCOME STREAM

YOUR NAME				Signature	
YOUR POSTAL ADDRESS					
YOUR COMPANY NAME					
DATE OF ORDER		/ /		Your Ref.	
Phone		Fax		Email	

SECTION B: FUND DETAILS

FUND NAME	
Registered Address	
Address where the meetings of the Trustees are held	
ABN of the Fund	- - -

SECTION C: TRUSTEE INFORMATION

If the Trustee of the Fund is a Company, enter the Company Details below.

Corporate Trustee Name		ACN	- -
Registered Office			
Company Chairman			

Enter the details of the Individual Trustees, or if the Trustee is a Company, the Directors of the Corporate Trustee.

Trustee 1 Name		Individual Trustee	<input type="checkbox"/>	Director of Corporate Trustee	<input type="checkbox"/>
Trustee 2 Name		Individual Trustee	<input type="checkbox"/>	Director of Corporate Trustee	<input type="checkbox"/>
Trustee 3 Name		Individual Trustee	<input type="checkbox"/>	Director of Corporate Trustee	<input type="checkbox"/>
Trustee 4 Name		Individual Trustee	<input type="checkbox"/>	Director of Corporate Trustee	<input type="checkbox"/>

SECTION D: DETAILS OF MEMBER RECEIVING BENEFIT

MEMBER NAME				Title	
Date of Birth	/	/	Gender (M/F)		
Eligible Service Date	/	/	Tax File Number	-	-
Address					

SECTION E: PENSION DETAILS

PENSION COMMENCEMENT DATE								
PENSION PURCHASE PRICE	\$							
Is this a Transition to Retirement Pension?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>				
Is this the Member's Full Balance in the Fund?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>				
If no, what is the Member's Full balance in the Fund?	\$							
At what Frequency will Pension Payments be Made?	Weekly	<input type="checkbox"/>	Monthly	<input type="checkbox"/>	Quarterly	<input type="checkbox"/>	Yearly	<input type="checkbox"/>

ARE YOU NOMINATING A REVERSIONARY FOR THIS PENSION? Yes No

REVERSIONARY DETAILS

Full Name of Reversionary				Gender (M/F)	
Address					
Date of birth	/	/	Relationship to Pensioner		

SECTION F: PENSION PURCHASE PRICE COMPONENTS

Enter the Details of the Members Balance to be transferred into the Pension:

If Justsuper is not the fund's accountant, please provide a copy of the member statement at pension start date to confirm the pension purchase price and components. For Pensions commencing from a direct rollover, enter the components as shown on the Rollover Benefits Statement and provide a copy of the statement.

Tax free Component	\$	%
Taxable Component	\$	%
TOTAL PENSION PURCHASE PRICE	\$	%

SECTION G: TAX OFFICE INFORMATION (IF PENSIONER AGED BETWEEN 55-59)

Please answer the following questions relating to the Pension commencement:

Is the fund currently registered with the ATO for PAYG withholding? **Yes** **No**

Is the Pensioner claiming the Tax Free Threshold? **Yes** **No**

(Note: If the Recipient of the pension has already claimed the tax free threshold through their Employment or another income stream, do not claim the tax free threshold for this Pension)

Is the Pensioner an Australian Resident for Tax Purposes? **Yes** **No**

Is the Pensioner claiming a reduced rate of withholding for either family tax benefit OR Senior Australians tax offset? **Yes** **No**

Is the Pensioner claiming a zone, dependant spouse or special tax offset? **Yes** **No**

Does the Pensioner have an accumulated HECS Debt? **Yes** **No**

Does the Pensioner have an accumulated Financial Supplement Debt? **Yes** **No**

ADDITIONAL INFORMATION:
