



# SMSF Pension Pack Order Form

Name	<input type="text"/>	Phone	<input type="text"/>
Firm	<input type="text"/>	E-mail	<input type="text"/>

## SMSF Details

Name of Fund

Meeting Address

## Trustee Details

**IMPORTANT: Full, verifiable names are required.**

Corporate Trustee (if applicable)

ACN

Officer Names and Roles (First Officer listed to be Chairman, first 2 Officers to be signatories)

<input type="text"/>	<input type="checkbox"/> Director	<input type="checkbox"/> Secretary
<input type="text"/>	<input type="checkbox"/> Director	<input type="checkbox"/> Secretary
<input type="text"/>	<input type="checkbox"/> Director	<input type="checkbox"/> Secretary
<input type="text"/>	<input type="checkbox"/> Director	<input type="checkbox"/> Secretary

Individual Trustee/s (First person listed to be Chairman)

## Pension Schedule

Member Name

Member Address

Date of Birth  Pension Commencement Date:

Amount of member's account balance to be used to fund pension:

EITHER  % of account balance

OR  from account balance

### Current Account Balance details:

Tax-Free Component	\$ <input type="text"/>
Taxable Component	\$ <input type="text"/>
<b>TOTAL</b>	<b>\$ <input type="text"/></b>

Is this Pension a Transition to Retirement Pension?  YES  NO

A Member from age 55 can commence a pension before they retire, however, until they retire or reach 65 years of age (whichever comes first), the payments in a year (including payments made under a Splitting Order must not be larger in total than their Account Balance x 10%.

Is there a Reversionary Beneficiary?  YES  NO

Beneficiary Name

The pension may continue to be paid to a spouse, or a child of the beneficiary if the child:

- is less than 18 years of age; or
- is greater than 18 years of age, but less than 25 years of age and is financially dependent on the Member; or
- has a disability of the kind described in subsection 8(1) of the Disability Services Act 1986.

**Please return this completed form to acis@acis.net.au, Freefax 1800 655 556 or Locked Bag 1, Fortitude Valley Q 4006**

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## Additional Information/Special Instructions

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## Payment Details

Please debit the following card details by the amount of \$

Type of Card  Visa  Mastercard  Diners Club\*  Amex\* \*3% SURCHARGE APPLIES

Card Number  Expires  CCV

Name on Card  Signature