

# INFORMATION SCHEDULE FOR DOCUMENTING AN ACCOUNT BASED PENSION

Contact Details	Please provide your full contact details
Contact Person	
Firm Name	
Firm Postal Address	
Phone Number	
Email Address	

Fund Details	Please complete
Fund Name	
Date Fund Established	
Trustee/s	
If corporate trustee, please advise: Director(s)	
ACN	
Tax File Number	
ABN	
Will this be a combined superannuation/pension fund	Yes / No
If combined fund, will the assets be	Segregated / Unsegregated
If segregated, do you require assistance in determining asset segregation?	Yes / No

Pensioner Details	1)	2)
Full Name		
Tax File Number		
Date of Birth		
Eligible Service Date *		
Home address		
Postal Address		
Claiming tax free threshold for this pension?	Yes / No / n/a (note: select n/a if age 60 or over)	Yes / No / n/a (note: select n/a if age 60 or over)
Does member have a HECs or Financial Supplement debt?	Yes / No / n/a (note: select n/a if age 60 or over)	Yes / No / n/a (note: select n/a if age 60 or over)
Why is member eligible to start a pension?	<input type="checkbox"/> Age 55 & Permanently retired <input type="checkbox"/> Age 55 & TRIS <input type="checkbox"/> Age 65 or over <input type="checkbox"/> Left employment after age 60 <input type="checkbox"/> Other _____	<input type="checkbox"/> Age 55 & Permanently retired <input type="checkbox"/> Age 55 & TRIS <input type="checkbox"/> Age 65 or over <input type="checkbox"/> Left employment after age 60 <input type="checkbox"/> Other _____

**\*Eligible Service Date** is the earliest date of joining the fund, the date of commencing employment with an employer who contributes to the fund, or the eligible service date from a rollover into the fund.

Pension commencement date		
Purchase price of pension eg account balance/ \$amount		
Does the pensioner wish to nominate a Reversionary Beneficiary?	Yes / No	Yes / No
If Yes, please specify	1)	2)
Name		
Sex	Male / Female	Male / Female
Relationship to Pensioner		
Date of Birth		
What level of pension does the pensioner wish to take?	Minimum / Maximum / Custom	Minimum / Maximum / Custom
If custom pension, please indicate amount of pension	\$                      Net / Gross	\$                      Net / Gross
How often do they wish to take a pension	Monthly / Annually	Monthly / Annually

<b>Other Information</b>

<b>Attachments</b>	<i>Please forward the following information:</i>
<input type="checkbox"/>	Fund's most recent trust deed
<input type="checkbox"/>	Fund's most recently prepared financial statements and member statements. If member is to convert the balance of their account, accounts will be required as at the commencement date of the pension(s).
<input type="checkbox"/>	The amount of any tax free component (eg non-concessional or undeducted contributions) included in the above member balances.

<b>Declaration re Market Values</b>
<input type="checkbox"/> Yes, in preparing the financial statements referred to above, all assets of the fund have been revalued to market value.
Note, a portion of the fund's income may not be exempt from tax where fund assets are not revalued to market value.