

Pension Consolidation Instruction

As a member of the superannuation fund detailed below, I hereby instruct SuperGuardian, Pty Ltd ACN 113 986 968 AFSL 485643 (SuperGuardian), to prepare the necessary documentation for the stop and restart of a pension as detailed below.

By signing this form, I acknowledge and accept SuperGuardian's pension consolidation fee, as outlined in the fee schedule.

Fund and member details

Superannuation Fund Name: _____

Member Name (pension recipient): _____

Pension Consolidation Details

Pension Consolidation Date:

Use full member balance to commence a new pension? YES NO

If No, amount used to commence pension: \$ _____

Existing type of pension being commuted: Non-retirement pension Retirement pension

Full commutation (entire balance)

Partial commutation; please specify the amount: \$ _____

For multiple pension accounts, specify the order of commutation:

Lowest to highest tax-free percentage

Oldest to newest pension

Specific order of priority

Pension Account	Tax Free %
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Have you met the minimum pro-rata pension payment?

YES NO

Not applicable (if commutation date is 1 July)

Full commutation – The amount paid must be at least the pro rata of the minimum annual payment amount.

Partial commutation – The trustee will need to ensure that they have already satisfied the minimum pension requirements, or that sufficient assets remain to meet the minimum pension payment standards for that year, based on the original value of that income stream.

Is the member intending to claim any member concessional (deductible) contributions within the financial year prior to commencing a pension?

YES NO

Is the member currently in receipt of any other pension/s from another superannuation fund?

YES NO

If Yes, amount of transfer balance account from another superannuation fund?

\$ _____

If Yes, can the member confirm that the new pension will not cause the member to exceed their Personal Transfer Balance Cap? *Please also provide a copy of your Transfer Balance Account history from MyGov.*

YES NO

Is the member currently in receipt of the Australian Age Pension or Commonwealth Seniors Health Card?

YES NO

Condition of Release

Attained Age 65

Termination of Employment (Aged 60-64)

Permanent Retirement

Pre-Retirement Pension

(Between preservation age and 64)

(Between preservation age and 64)

Other: _____

3. Restarting the pension may affect my eligibility for government benefits such as the Age Pension or other income-tested benefits, depending on my personal circumstances;
4. The pension balance may fluctuate with investment performance, affecting the sustainability of the income stream and potentially reducing the total amount available over time;
5. Any pension stop and restart must comply with the relevant superannuation laws, including minimum pension drawdown rates, and it is my responsibility to ensure that all necessary documentation and legal requirements are met.

Member Authority

Signed by the **instructing member**.

Member: _____

Signed: _____ Date: _____

OR

Adviser Authority

Authorised Adviser has provided a Statement of Advice to the fund and signed Authority to Proceed.

Adviser: _____

Signed: _____ Date: _____