

# Pension Establishment 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 commencement of a pension as detailed below.

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

## Pension Establishment Details

Superannuation Fund Name: \_\_\_\_\_

Member Name (pension recipient): \_\_\_\_\_

Pension Commencement Date: \_\_\_\_\_

Is the Member Claiming the tax-free threshold?                      YES                      NO                      N/A 60+

Use full member balance to commence pension?                      YES                      NO

If NO, amount used to commence pension:                      \$ \_\_\_\_\_

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, can the member confirm that the new pension will not cause the member to exceed their Personal Transfer Balance Cap?

YES                      NO

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

YES                      NO



2. The commencement of a pension will begin drawing down on my retirement savings. Depending on the amount chosen and future investment returns, the pension may not last throughout my retirement, which could impact my long-term financial security;
3. Commencing a pension may impact my eligibility for government benefits such as the Age Pension or other income-tested benefits;
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 commencement 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: \_\_\_\_\_