



Pension Establishment Request

The trustees of the Superannuation Fund detailed below hereby request SuperGuardian to prepare the necessary documentation for the commencement of a pension for the Member detailed below.

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

Pensio	on Establishment Details						
Supera	nnuation Fund Name						
Membe	er Name (pension recipient)						
Pensio	n Commencement Date						
Is the N	Member Claiming the tax-free the	reshold?	YES	NO	N/A 60+		
Use ful	I member balance to commence	pension?	YES	NO			
If NO, a	amount used to commence pens	sion: \$					
Is the r	nember intending to claim any m	nember concessio	onal (deductible)	contributions wit	hin the financial		
year pr	ior to commencing a pension?		YES	NO			
Is the r	nember currently in receipt of an	y other pension/s	from another su	perannuation fur	nd?		
			YES	NO			
If YES,	can the member confirm that th	e new pension wi	Il not cause the r	member to excee	ed their Personal		
Transfe	er Balance Cap?		YES	NO			
Is the r	nember currently in receipt of the	e Australian Age I	Pension or Comr	monwealth Senic	rs Health Card?		
			YES	NO			
If YES,	has the member sought advice	on the implication	ns of the new per	nsion (we strongl	y recommend		
you se	ek advice)?		YES	NO			
Condit	ion of Release						
	Attained Age 65						
	Termination of Employment (Aged 60-64)						
	Permanent Retirement (Between preservation age - 64)						
	Pre-Retirement Pension (Between	een preservation a	age - 64)				
Other							

Is the pension to be reversionary?		YES	NO		
Name of Reversional	ry Beneficiary:				
Relationship with the	Member:				
Date of Birth:					
Member Authority					
Signed by the requestir	ng member.				
Member:					
Signed:	Date:				
-					
Trustee Authority					
Trustee 1:		Trustee 2	<u> </u>		_
Signed:	Date:	Signed:		Date:	
Trustee 3:		Trustee 4	l:		
Signed:	Date:	Signed:		Date:	
Trustee 5:		Trustee 6	i:		
Signed:	Date:	Signed:		Date:	
or					
Adviser Authority					
Adviser:					
Signed:	Date:				