SMSF BENEFIT PAYMENT REQUEST



Before proceeding, check to ensure that:

- · You seek advice from your financial planner before committing to a pension.
- The self-managed superannuation trust deed permits the trustee to pay an account based pension and transition to a retirement income stream (if applicable)

Section A: Fund Details

Name of Fund				
ABN				
Section B: Trus	tee Details			
	nee Details			
Corporate				
Company name				
A.C.N				
Registered Office				
Individual				
	Individual 1			
	Director	Trustee	Member	
Full Name				
Address				
	Individual 2			
	Director	Trustee	Member	
Full Name				
Full Name Address				
Address				
	Individual 3			
	Director	Trustee	Member	
Full Name				
Address				
	Individual 4			
	Director	Trustee	Member	
Full Name				
Full Name Address				
AUUI C33				

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	Individual 5 Director		Trustee		Memb	er	
Full Name							
Address							
	Individual 6 Director		Tweeter		Manala		
	Director		Trustee		Memb	er	
Full Name Address							
Address							
Section C: Member Details							
Title							
Surname	(\\\\\\)						
Date of Birth (DD/MM) Tax File Number	/ 1 1 1 1)						
On what basis can th	ne payment be r	naid					
	stricted non-pre						
Following condition	of release has b	een met (cho	ose one)				
65 years of age	e or over						
Terminated an employment relationship after age 60							
Reached prese	ervation age and	permanently r	etired; or				
Have reached	preservation age	and wish to co	ommence a trans	ition to	retireme	ent pension (TRIS)	
Date retired or ceased work							
PAYG withholding fo	orm (where men	nber taking pa	yment before a	ge 60 a	nd bala	nce includes taxable co	omponent)
Is the Fund already re	gistered for PAY	G Withholdings	6?	Yes		No	
Hamilton Reid to com	plete paper PAY	G Withholding	form?	Yes		No	
TFN Declaration form (where member taking payment before age 60 and balance includes taxable component)							
Hamilton Reid to com	plete paper TFN	Declaration fo	rm?	Yes		No	
Super Transfer Balance Account Report (TBAR)							
Hamilton Reid to complete ATO TBAR report? (NB. Not required for the 'Lump Sum' Accumulation Report) Yes No							
Section D: Pension Commutation Details							
Type of Commutatio	n	Full	Partial				
Farm of Oarr		Dell Dell				Ours Barrer	
Form of Commutation)II	Roll Back out to External Fund Lump Sum Payment Roll Back out to External Fund (please specify) Fund:					

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Section E: New Pension Details (ABP Or TRIS) Pension commencement date If the member is 59 at the commencement date, will a pension payment be taken before the 60th birthday? Type of pension is being commenced Account-based pension (ABP) Transition to retirement pension (TRIS) Initial balance of this pension Entire available balance Other amount (please specify) \$ Is there a reversionary beneficiary who should automatically receive the pension on the Member's death? No, there is no reversionary beneficiary Yes, the reversionary beneficiary is Name: Section F: Convert Exsiting TRIS To ABP Date the existing TRIS commenced Section G: Lump Sum Payment From Accumulation Account Lump Sum Payment Date **Lump Sum Components** Tax Free Component **Taxable Component** Total **Special Instructions** Section I: Declaration I confirm that information on this form is correct.

I acknowledge and understand that unless a Statement of Advice (SoA) from financial adviser recommending the course of action contemplated by these documents has been obtained, Hamilton Reid has not reviewed my/our circumstances to determine whether or not such action is appropriate and have simply executed and provide the requested services in accordance with my/our instructions or instructions from my /our adviser(s)

Name		
Date		
Signature		