

2. Account based pension details (continued)

payment frequency	<input type="checkbox"/>	weekly	<input type="checkbox"/>	day of week	<input type="text"/>
	<input type="checkbox"/>	fortnightly	<input type="checkbox"/>	day of week	<input type="text"/>
	<input type="checkbox"/>	monthly	<input type="checkbox"/>	Start date	<input type="text"/>
	<input type="checkbox"/>	quarterly	<input type="checkbox"/>	Start date	<input type="text" value="DD"/> / <input type="text" value="MM"/> / <input type="text" value="YYYY"/>
	<input type="checkbox"/>	Half yearly	<input type="checkbox"/>	Start date	<input type="text" value="DD"/> / <input type="text" value="MM"/> / <input type="text" value="YYYY"/>
	<input type="checkbox"/>	Yearly	<input type="checkbox"/>	Start date	<input type="text" value="DD"/> / <input type="text" value="MM"/> / <input type="text" value="YYYY"/>

Bank details for payment

account name	<input type="text"/>
financial institution	<input type="text"/>
branch name	<input type="text"/>
BSB	<input type="text" value=""/> - <input type="text" value=""/>
account number	<input type="text"/>

Non-reversionary	<input type="checkbox"/>	
Reversionary	<input type="checkbox"/>	I wish my accumulated balance at my death to be used to continue a pension to my surviving spouse. (Note: Binding death benefit nominations are not available if you select this option).
spouse's full name	<input type="text"/>	
date of birth	<input type="text" value=""/> / <input type="text" value=""/> / <input type="text" value=""/>	spouse's tax file number <input type="text"/>
signature of spouse	<input type="text"/>	date <input type="text" value=""/> / <input type="text" value=""/> / <input type="text" value=""/>

3. Proof of identity and age requirements

I have attached a copy of an appropriate form/s of identification, as detailed below.

Either

- driver's licence issued under State or Territory law or
- passport

or

- birth certificate or birth extract or
- citizenship certificate issued by the Commonwealth or
- pension card issued by Centrelink

And

- letter from Centrelink regarding a government assistance payment or
- notice issued by Commonwealth, State or Territory Government or local council within last 12 months that contains your name and residential address (eg ATO notice of assessment, rates notice from local council).

6. Trustee certification and instruction

I/we certify that the member whose details appear in Section 1 has satisfied the following condition of release:

he/she has ceased employment between the ages 60 and 65

he/she has reached age 65

he/she has ceased employment having reached his/her preservation age, and it is not his/her intention to work again


he/she is permanently incapacitated

he/she has reached his/her preservation age but is still working ('Transition to retirement' provisions will apply to the pension).

I/We instruct PTCo to commence the pension as detailed in this form, in our superannuation fund:

member/trustee signature	<input type="text"/>	date	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
member/trustee signature	<input type="text"/>	date	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
member/trustee signature	<input type="text"/>	date	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
member/trustee signature	<input type="text"/>	date	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Company signatures

signature	<input type="text"/>	date	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
full name	<input type="text"/>											
capacity	<input type="checkbox"/>	sole director	<input type="checkbox"/>	director								
signature	<input type="text"/>	date	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
full name	<input type="text"/>											
capacity	<input type="checkbox"/>	director	<input type="checkbox"/>	company secretary								



This certificate is for use by trustees using the Self Managed Super Fund Service.

Certificate of Compliance

To Whom it may concern

fund name	
ABN	(if available)

As Trustees for the above named Self Managed Superannuation Fund ('the Fund'), we confirm that the Fund is registered as a Complying Superannuation Fund and complies with:

- the provisions of the Superannuation Industry (Supervision) Act 1993 and Regulations ('SIS');
- provides for benefits to be transferred into the Fund; and
- the preservation requirements as set out in SIS.


We also confirm that the Trust Deed ('the Deed') establishing the Fund allows for acceptance of all contribution types including superannuation guarantee contributions from any employer on behalf of a member.

Further confirmation as to the Fund's compliance can be obtained from the Australian Taxation Office's Register of Complying Funds (ROCS), which can be accessed online via www.ato.gov.au or by calling 13 10 20. Please quote the Fund's Australian Business Number (ABN) (provided above) when initiating the search.

Yours faithfully

trustee signature	
full name	
trustee signature	
full name	
trustee signature	
full name	
trustee signature	
full name	
date	/ /

Company signatures

signature	<input type="text"/>	date	<input type="text"/> / <input type="text"/> / <input type="text"/>	
full name	<input type="text"/>			
capacity	sole director <input type="checkbox"/>	director <input type="checkbox"/>		
signature	<input type="text"/>	date	<input type="text"/> / <input type="text"/> / <input type="text"/>	
full name	<input type="text"/>			
capacity	director <input type="checkbox"/>	company secretary <input type="checkbox"/>		