



Perpetual Small APRA Fund Service (SAF)

Equity Trustees Superannuation Limited ABN 50 055 641 757, AFSL 229757, RSE L0001458 (ETSL)

Instruction to commence pension

Please note that once a pension has commenced you will not be able to claim a tax deduction on any of the contributions used to commence the pension, you will also not be able to alter a tax deduction previously claimed on any of the contributions used to commence the pension.

Please complete this form in black ink, using block letters.

1. Fund and member details

superannuation fund name												
account number												
title	Mr	Mrs	Miss	Ms	Other							
first name(s)												
last name												
date of birth	/	/								tax file number		
postal address												
suburb												
phone (after hours)						phone (business hours)						
mobile						fax						
email												
employment status	<input type="checkbox"/> I am retired (or have met another condition of release that allows access to my superannuation benefits) <input type="checkbox"/> I have reached my preservation age but I am still working ('Transition to retirement' provisions will apply to your Pension Account)											

2. Account based pension details

Is this a transfer of an existing fund?

yes no

I hereby elect to receive a pension, subject to the conditions imposed by the law and the Australian Taxation Office.

purchase price	\$			If you complete this box, please provide details in pension funding source section below	or	<input type="checkbox"/> entire balance					
commencement date	/	/					preferred first payment date	/	/		
											(must be at least one week after commencement date)
amount of pension required	minimum		or maximum		(only applicable to TTR pensions)						
		or amount	\$			per payment					
I would like my accumulation account to remain open											<input type="checkbox"/> yes <input type="checkbox"/> no

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).

4. Source of funds

Use the table below to indicate the assets you will be using from your existing member account to start your pension.

asset name	Account Based Pension	
	number of units	\$ amount (est)
Perpetual's Cash Management Fund	N/A	
		Total (\$)

5. Rollover details

Transfer from other superannuation funds/rollover funds (see compliance letters attached to this form).

fund name	<input type="text"/>																								
amount	\$	<input type="text"/>																							
Is the rollover from a complying pension?	yes	<input type="checkbox"/>	no	<input type="checkbox"/>																					
fund name	<input type="text"/>																								
amount	\$	<input type="text"/>																							
Is the rollover from a complying pension?	yes	<input type="checkbox"/>	no	<input type="checkbox"/>																					
fund name	<input type="text"/>																								
amount	\$	<input type="text"/>																							
Is the rollover from a complying pension?	yes	<input type="checkbox"/>	no	<input type="checkbox"/>																					

Self Managed Super Fund members only to complete this section (6)

6. Trustee certification and instruction

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

<input type="checkbox"/>	he/she has ceased employment between the ages 60 and 65
<input type="checkbox"/>	he/she has reached age 65
<input type="checkbox"/>	he/she has ceased employment having reached his/her preservation age, and it is not his/her intention to work again
<input type="checkbox"/>	he/she is permanently incapacitated
<input type="checkbox"/>	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"/>

7. Confirmations and undertakings

By signing this application form, I confirm that:

- I wish to become a member of the fund and agree to be bound by the terms of the trust deed as amended from time to time and all relevant laws governing the fund; or
- I am an existing member of the fund and agree to be bound by the terms of the trust deed as amended from time to time and all relevant laws governing the fund.
- ETSL may implement my investment recommendations upon receipt of clear instructions, as soon as is practicable to do so.
- I agree to provide ETSL with any information requested in relation to the fund and will promptly notify ETSL in writing of any change to the information in this application form.
- I acknowledge that ETSL will hold personal information about me and will disclose this information to my adviser in relation to the investment described in this form. I acknowledge that ETSL will cease to disclose this personal information if I notify ETSL that the adviser no longer acts on my behalf.
- I understand that the pension I have selected will only continue to be paid while the available assets in my account supporting the pension remain adequate and that ETSL has no liability, personal or otherwise, beyond these available assets.
- ETSL is authorised to deduct all fees and charges on account of my membership in the fund.
- ETSL may rely on any information my adviser provides and is not responsible for any errors or omissions made by that adviser.
- I have read and understand the Perpetual Small APRA Fund Service Product Disclosure Statement Issue Number 10 dated 4 April 2016.
- I authorise ETSL to quote my TFN or exemption to the Australian Taxation Office.
- I authorise a representative of ETSL to obtain information from the Australian Taxation Office regarding my superannuation and/or pension account(s) in relation to my TFN, PAYG or other superannuation tax-related matters.
- I have satisfied the following release condition.

<input type="checkbox"/>	I have reached the age of 65
<input type="checkbox"/>	I have ceased employment between the age of 60 and 65
<input type="checkbox"/>	I have ceased employment having reached my preservation age, and it is not my intention to work again
<input type="checkbox"/>	I am permanently incapacitated, and have met the additional requirements needed
<input type="checkbox"/>	I have reached my preservation age but I am still working ('Transition to retirement') provisions will apply to your pension.

8. Member's signature

Please note that a nominated reversionary pensioner must provide a specimen signature in section 2 of this form.

signature of member	<input type="text"/>	date	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Equity Trustees Superannuation Limited ABN 50 055 641 757, AFSL 229757, RSE L0001458 (ETSL)

This Compliance letter is for use by members of the Small APRA Fund Service.

Compliance Letter

To the Trustee

Perpetual Small APRA Fund Service

Equity Trustees Superannuation Limited wishes to confirm that the trust deed to be used for the Small APRA Funds utilising this Service:

- Complies with the Superannuation Industry (Supervision) Act 1993 and Regulations ('SIS').
- Provides for benefits to be transferred into the Fund.
- Complies with the preservation requirements set out in SIS.

The Fund accepts all contribution types, including superannuation guarantee contributions from any employer on behalf of a member.

As required the Fund will apply to the Australian Taxation Office for an Australian Business Number and/or to the Australian Prudential Regulation Authority for a Registrable Superannuation Entity number. Copies of the relevant application forms will be provided by us upon request.

Equity Trustees Superannuation Limited acts as trustee of the Fund.

Yours faithfully

Directors,

Equity Trustees Superannuation Limited

Note: The above wording has been approved by the Australian Taxation Office as an acceptable notification that a fund is a complying fund.

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