

Perpetual Self Managed Super Fund Service (SMSF)

Perpetual Trustee Company Limited ABN 42 000 001 007 AFSL 236643 (Perpetual)

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	I am retired (or have met another condition of release that allows access to my superannuation benefits)							
	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 deta Is this a transfer of an existing fund?	ils
yes no	
I hereby elect to receive a pension, subject to the o	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 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 yes no

2. Account based pension details (continued)

payment frequency																	
	weekly		day of week														
	fortnightly		day of week														
	monthly		Start date														
	quarterly		Start date	DD	/	MM	/		YYYY								
	Half yearly		Start date	DD	/	MM	/		YYYY								
	Yearly		Start date	DD	/	MM	/		YYYY								
Bank details for payme	ent																
account name																	
financial institution																	
branch name																	
BSB		_						a	ccount nun	nber							
Non-reversionary Reversionary 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																	
date of birth	/	I	/						e's tax umber								
signature of spouse										da	ate	Ī	/		/		

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

		_	
6 D		01/04	details
5 H	ЮП	lover	ceians

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

fund name		Ш	П	П	П	П	L	I	П	1	L	
amount	\$											
Is the rollover from a c	omplying pension	? yes	no									
fund name												
amount	\$											
Is the rollover from a c	omplying pension	? ves	no									
fund name												
	\$											
amount Is the rollover from a c		? ves	no									

6. Trustee certification and instruction

I/we certify that the	member wh	ose details app	ear in Section	1 has sat	isfied the fo	ollowing	condition	of release:			
he/she has ce	eased emplo	yment between	the ages 60 a	and 65							
he/she has re	she has reached age 65										
he/she has ce	he/she has ceased employment having reached his/her preservation age, and it is not his/her intention to work again										
he/she is perr	he/she is permanently incapacitated										
he/she has re	eached his/h	er preservation a	age but is still	working (Transition t	to retirem	nent' provi	isions will a	apply to t	the pension).	
I/We instruct PTCo	to commend	ce the pension a	s detailed in t	his form, i	in our super	rannuatio	on fund:				
member/trus signat							date	/	/		
member/trus signat							date	/	/		
member/trus signat							date	/	/		
member/trus signat							date	/	/		
Company signatur	res										
signature					date	/	/		C	OMPANY SEAL	
full name											
capacity so	ole director	director									
signature					date	/	/				
full name											
capacity di	irector	company secre	tary								



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		date / / Co	OMPANY SEAL
full name			
capacity	sole director director		
		date / /	
signature			
full name			
capacity	director company secretary		