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Description automatically generated**APPLICATION FOR PENSION RESET (ABP & TRIS)**

**ORDER FORM**

**Person ordering**

|  |  |  |
| --- | --- | --- |
| Name: | |  |
| Firm Name: | | Member number: |
| Phone: |  | Email: |

**Section A: Payment details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Please provide credit card details for payment of **$198** | | | | |
| On Account\* | Visa | Mastercard | | Amex |
| Card Holder Name: | | | | |
| Credit Card Number: | | | | |
| Expiry Date:       / | | | Authorised Card Signature: | |

All prices include GST.

Note that our staff will call you to request the CVV when payment is processed.

\*To pay on account you must have a current On Account Agreement with Docscentre.

**Section B: Fund Details**

|  |  |  |
| --- | --- | --- |
| Name of Fund: | |  |
| Governing State: |  |  |

**Section C: Trustee Details**

If the Trustees are individuals, then complete section C(i) only. If the Trustee is a company, then complete section C(ii) only.

**Nature of Trusteeship**

**(i) Individuals:**

|  |  |  |
| --- | --- | --- |
| 1. Full Name: |  |  |
| 2. Full Name: |  |  |
| 3. Full Name: |  |  |
| 4. Full Name: |  |  |

Please complete all details in legible handwriting and provide full legal names.

The documents will be sent to the nominated email address in PDF format.

This instruction sheet is for an application to commute an existing pension(s) and to set up a new pension(s) by a member of the SMSF.

**Return completed form to** [**info@ntaacorporate.com.au**](mailto:info@ntaacorporate.com.au)

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**Section C: Trustee Details continued**

**Nature of Trusteeship**

**(ii) Corporate:**

|  |  |  |
| --- | --- | --- |
| Trustee Company Name: |  |  |
| ACN: |  |  |
| Address: |  |  |
| Suburb: | State & Post Code: |  |
| Directors’ Names |  |  |
| 1. Full Name: |  |  |
| 2. Full Name: |  |  |
| 3. Full Name: |  |  |
| 4. Full Name: |  |  |

**Section D: Details of the Member**

|  |  |  |
| --- | --- | --- |
| Member Name: |  |  |
| Address: |  |  |
| Suburb: | State & Post Code: |  |
| D.O.B:       /       / |  |  |

**Section E: Pensions to be Commuted**

|  |  |  |
| --- | --- | --- |
| Pension Reset Date:       /       / |  |  |
| For pensions to be commuted please write the unique pension identifier in the appropriate box below (e.g. ABP1, ABP2 or Commenced on 01/07/2019.) | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Pension Type** | **Pension 1** | **Pension 2** | **Pension 3** |
| **Account Based Pension:** |  |  |  |
| **TRIS:** |  |  |  |

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**Section F: Commencing the Account Based Pension**

|  |
| --- |
| Commencement Date of the ABP:       /       / |
| The Account Based Pension will be initially funded by applying: |
| The total amount of the member’s accumulation account balance to the ABP; or |
| Applying an amount to the ABP of: $ |
| The Trustee will fund the ABP through: |
| unsegregated assets through investment by the Trustee of amounts in the ABP account (Most commonly selected), |
| segregated assets using assets that the Trustee has segregated for the purpose of the ABP (you will need to list the assets and their market values in the schedule of assets at the time of signing the documents). (Rarely used) |

Note that if you select the segregation option, the documents will reflect that, if segregation is not possible at any time, the Trustee will finance the ABP through the investment by the Trustee of amounts in the ABP account.

**Section G: Nomination of a Reversionary Beneficiary**

|  |  |  |
| --- | --- | --- |
| The ABP is not to be reversionary upon the member’s death; or | | |
| The ABP will be reversionary upon the member’s death to the following person: | | |
| Name of reversionary beneficiary: | | |
| Address of reversionary beneficiary: | | |
| Suburb: | State & Post Code: |  |
| Relationship of reversionary beneficiary to member: | | |
| Note that a reversionary beneficiary must be a ‘dependant’ of the member, as defined in the superannuation legislation, and an adult child may only be a reversionary beneficiary in limited circumstances. | | |

**Special Instructions/Additional information:**

|  |
| --- |
|  |
|  |
|  |
|  |

By completing this order form and returning to Docscentre, you confirm that you have read and accepted our terms and conditions which can be found here – [www.ntaacorporate.com.au/terms-and-conditions/](http://www.ntaacorporate.com.au/terms-and-conditions/)