**Application For Pension Reset**,

**Commutation (ABP & TRIS) & Wind Up**

**Person ordering**

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

**Payment details**

Please select required products and provide credit card details for payment.

|  |  |  |  |
| --- | --- | --- | --- |
| Pension Reset\* | **$198** | Pension Commutation only\*\* | **$198** |
| Wind up SMSF\*\*\* | **$374** |  |  |
| \*Includes commencement of one new pension. Additional fees may apply if multiple new pensions are required | | | |
| \*\*Price includes up to three commutations | | | |
| \*\*\*Please ensure that you provide a copy of the latest SMSF Trust Deed when submitting the order form | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| On Account\* | Visa | Mastercard | | Amex |
| Card Holder Name: | | | | |
| Credit Card Number: | | | | |
| Expiry Date:       / | | | Authorised Card Signature: | |

All prices include GST, and the documents will be sent to the nominated email address in PDF format.

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 A: Fund Details**

|  |  |  |
| --- | --- | --- |
| Name of Fund: | |  |
| Governing State (required for **Pension Resets**): | | |
| SMSF Commencement date (required for **SMSF Wind up**):       /       / |  | |
| Address where meetings are held (required for **SMSF Wind up**): | | |

|  |  |  |
| --- | --- | --- |
| Suburb: | State & Post Code: |  |

|  |
| --- |
| SMSF Principal Employer name, if any (required for **SMSF Wind up**): |

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

**Return completed form, a complete copy of the signed trust deed and any subsequent amendment documentation to** [**info@docscentre.com.au**](mailto:info@docscentre.com.au)



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**Section B: Trustee Details**

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

**Nature of Trusteeship**

**(i) Individuals:**

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

**(ii) Corporate:**

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



 **Application For Pension Reset**,

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**Section C: Details of the Member** Please fill in this section if you selected **Pension Commutation** or **Reset**

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

**Section D: Details of each Member** Please only fill in this section if you selected **SMSF Wind Up**

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

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

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

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

**Section E: Pensions to be Commuted** Please fill in this section if you selected **Pension** **Commutation** or **Reset**

|  |  |
| --- | --- |
| **Pension Reset Date:**       /       / | (required) |

Continued over page



**Application For Pension Reset**,

**Commutation (ABP & TRIS) & Wind Up**

**Section E: Pensions to be Commuted continued** Please fill in this section if you selected **Pension** **Commutation** or **Reset**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Unique Pension Identifier**  **e.g. ABP1, ABP2** | **Date Pension commenced**  (if known) | **Pension Type** | **Full or Partial Commutation** | **Amount to be commuted**  **(if preferred write ‘full’)** |
|  | /       / | ABP | Full | $ |
| TRIS | Partial |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Unique Pension Identifier**  **e.g. ABP1, ABP2** | **Date Pension commenced**  (if known) | **Pension Type** | **Full or Partial Commutation** | **Amount to be commuted**  **(if preferred write ‘full’)** |
|  | /       / | ABP | Full | $ |
| TRIS | Partial |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Unique Pension Identifier**  **e.g. ABP1, ABP2** | **Date Pension commenced**  (if known) | **Pension Type** | **Full or Partial Commutation** | **Amount to be commuted**  **(if preferred write ‘full’)** |
|  | /       / | ABP | Full | $ |
| TRIS | Partial |

**Section F: Commencing the Account Based Pension** Please fill in this section if you selected **Pension Reset**

|  |  |  |  |
| --- | --- | --- | --- |
| Commencement Date of the new 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** Please fill in this section if you selected **Pension Reset**

|  |  |  |
| --- | --- | --- |
| 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: |  |

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 **Application For Pension Reset**,

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**Section G: Nomination of a Reversionary Beneficiary continued** Please fill in this section if you selected **Pension Reset**

|  |  |
| --- | --- |
| Relationship of reversionary beneficiary to member (e.g. spouse): | |
| Reversionary Date of birth:       /       / |  |
| 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:**

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

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