

# Pension Commencement Request Application Form

#### **Section 1** – Fund Details

Fund Name:

Fund ABN:

Was the Trust Deed established by Novo Super? Yes No

If No, please provide a copy of the trust deed.

#### **Section 2** – Trustee Details

Trustee 1 Trustee 2

Individual Director of Corporate Trustee Individual Director of Corporate Trustee

Title: Mr Mrs Miss Other Title: Mr Mrs Miss Other

First Name: First Name:

Surname: Surname:

Trustee 3 Trustee 4

Individual Director of Corporate Trustee Individual Director of Corporate Trustee

Title: Mr Mrs Miss Other Title: Mr Mrs Miss Other

First Name: First Name:

Surname: Surname:

Corporate Trustee Name:

ACN: ABN:

## Section 3 – Member Commencing Pension

First Name: Surname:

Address: Suburb: State: Postcode:

Date of Birth: TFN: Gender: Male Female

Tax Office Information (if pensioner is under 60 years of age)

Is the Pensioner an Australian Resident for tax purposes?

Yes

No

Is the Pensioner claiming a reduced rate of withholding for either Family Tax

Yes

No

Benefit or Senior Australian tax offset?

Is the Pension claiming a zone, dependant spouse or special tax offset? Yes No

Does the Pensioner have an accumulated HECS debt?

Yes

No

Does the Pensioner have an accumulated Financial Supplement Debt?

Yes

No

#### Section 4 - New Pension Details

Pension Commencement Date: Up to the Transfer Balance Cap

Pension Purchase Amount: \$ or Full Benefit in the Fund

Type of Pension: Account Based Pension Transition to Retirement Account Based Pension

Is the member already receiving a pension from the fund?

Yes

No

Is this pension to be commuted and rolled over to establish the new pension? Yes No

Condition of Release - Account Based:

The member is 55 years of age or more and has ceased employment (including self-employment) and does not intend to ever take up employment for 10 or more hours per week

The member is 60 years of age or more and left an employer after their 60th birthday

The member is 65 years of age or more

The member is permanently incapacitated

The pension is to commence with the members unrestricted benefit only

Condition of Release - Transition to Retirement Pensions:

The member wishes to commence a Transition to Retirement Account Based Pension

Do you need Novo Super to register the fund for PAYG Withholding?

Yes

No

(Only required if the pensioner is under the age of 60)

Will you be claiming the tax free threshold for this pension?

Yes

No

## Section 5 - Reversionary

Is this Pension to be Reversionary?

Name of Reversionary:

Date of Birth:

Relationship:

## Section 6 – Fees and Payment Details (GST Inclusive)

The fees for this service are as follows:

Pension Commencement \$385
Pension Commutation \$110
ATO PAYG Withholding Registration \$77

Payment Details:

Cheque - Please enclose a cheque made payable to «Novo Super Pty Ltd»

Electronic Funds Transfer (EFT): Account Name: Novo Super Pty Ltd

Please quote: Your SMSF name (as detailed in Section 1)

BSB: 063-237

Account Number: 1046 5132

Trustee Name: Company		y:		Nominated Representativ	e Please sp	Please specify:		
Add	dress:				Suburb:	State	e: Postcode:	
Pho	ne:	(	)	Mobile:	Email:			
Section 8 - Declaration								
By signing below I, on behalf of the trustees of the Fund:								
0	Declare that the information provided in the form above is complete and accurate.							
•	Declare I am authorised to make declarations on behalf of the persons named in this form.							
0	Instruct Novo Super to provide the necessary documentation to establish the above arrangements on my/our behalf.							
o	Acknowledge that Novo Super will commence the work after a complete and signed form is received and payment has been made and cleared.							
0	Authorise the collection, use and disclosure of my personal information for the purpose of the assessment of the application and the management and administration of the services of which I have applied.							
σ	Understand that Novo Super may disclose my personal information to third parties such as: organisations undertaking the compliance functions of Novo Super's information; organisations maintaining Novo Super's information technology system; authorised financial institutions; and any authorised party.							
0	Agree that Novo Super has not provided me with financial advice and that Novo Super is not responsible for the investment decisions I/we make and the investment products I/we select to invest in.							

Section 7 – Contact details (used for delivery and invoicing unless otherwise advised)

# **Section 9** – Submitting the Request

You can submit your form via email or post:

A printed and signed copy can be posted to: Novo Super

PO Box 115

Print Name:

Collins Street West MELBOURNE VIC 8007

A signed and scanned copy can be emailed to: forms@novosuper.com.au

## **Contact Us**

Signed:

Postal Address: PO Box 115 Telephone: 1300 668 678

Collins Street West Email: forms@novosuper.com.au MELBOURNE VIC 8007 Website: www.novosuper.com.au

ABN: 14 607 604 777



Date: