

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

Individual Director of Corporate Trustee

Title: Mr Mrs Miss Other

First Name:

Surname:

Trustee 3

Individual Director of Corporate Trustee

Title: Mr Mrs Miss Other

First Name:

Surname:

Corporate Trustee Name:

ACN:

Trustee 2

Individual Director of Corporate Trustee

Title: Mr Mrs Miss Other

First Name:

Surname:

Trustee 4

Individual Director of Corporate Trustee

Title: Mr Mrs Miss Other

First Name:

Surname:

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 Benefit or Senior Australian tax offset? Yes No

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:

I have reached my preservation age and ceased employment (including self-employment), retired and do 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? Yes No

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

BSB: 063-237

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

Account Number: 1046 5132

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

Trustee Nominated Representative Please specify:
Name:
Company:
Address: Suburb: State: Postcode:
Phone: () Mobile: Email:

Section 8 - Declaration

By signing below I, on behalf of the trustees of the Fund:

- ☐ 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.
- ☐ Instruct Novo Super to provide the necessary documentation to establish the above arrangements on my/our behalf.
- ☐ Acknowledge that Novo Super will commence the work after a complete and signed form is received and payment has been made and cleared.
- ☐ 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.
- ☐ 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.
- ☐ 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.

Signed: Print Name: Date:

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
Collins Street West
MELBOURNE VIC 8007

A signed and scanned copy can be emailed to:

forms@novosuper.com.au

Contact Us

Postal Address: PO Box 115
Collins Street West
MELBOURNE VIC 8007

Telephone: 1300 668 678
Email: forms@novosuper.com.au
Website: www.novosuper.com.au

ABN: 14 607 604 777

