

ORDER FORM – SMSF PENSION & LUMP SUM DOCUMENTATION

This order form should be read in conjunction with our brochure of the same name. Please complete in block letters.

PERSON ORDERING (all orders)

Documentation and invoice will be sent to this person unless instructed otherwise.

Name _____ Signature _____

Firm Name (if applicable) _____

Street Address _____

Postal Address (if different) _____

Phone _____ Email _____

BENEFIT DETAILS (all orders)

Fund Name _____

Full Name(s) of Beneficiary/ies _____

DOCUMENTATION REQUIRED (all orders)

Please indicate the number of Kits required and use a separate order form for each Premium Service required.

To COMMENCE A NEW PENSION

	Pension Kit \$440 per use	Premium Service \$880 per Pension
Account-Based Pension	<input type="checkbox"/>	<input type="checkbox"/>
Transition to Retirement Income Stream (TRIS)	<input type="checkbox"/>	<input type="checkbox"/>

To CONVERT AN EXISTING PENSION

	Conversion Kit \$440 per use	Premium Service \$880 per Conversion
Allocated Pension to Account-Based Pension	<input type="checkbox"/>	<input type="checkbox"/>
Transition to Retirement Allocated Pension to TRIS	<input type="checkbox"/>	<input type="checkbox"/>

To ROLL-BACK AN EXISTING PENSION

	Roll-Back Kit \$330 per use	Premium Service \$660 per Roll-Back
Account-Based Pension	<input type="checkbox"/>	<input type="checkbox"/>
TRIS	<input type="checkbox"/>	<input type="checkbox"/>
Other — please specify type _____	<input type="checkbox"/>	<input type="checkbox"/>

To PAY A LUMP SUM

	Lump Sum Kit \$330 per use	Premium Service \$660 per Lump Sum
Lump Sum Benefit	<input type="checkbox"/>	<input type="checkbox"/>

All prices include GST. Premium Service prices only apply barring unforeseen complications. Kit prices are for a single use licences only. Multi-use licence details are available on request. Kits are of a general nature only. DBA provides Kits on the basis that clients accept the risks associated with using them. Please ensure that clear, accurate instructions are provided as we cannot be held responsible for errors in our documentation that result from unclear or inaccurate instructions being provided to us. As a law firm, we are not licensed to provide financial advice under the Corporations Act 2001 (Cth). Copyright in all documents belongs to DBA.

ADDITIONAL DETAILS (Premium Service orders only)

Please attach a copy of the trust deed and existing pension documents (if applicable) to all Premium Service orders.

CORPORATE TRUSTEE DETAILS

Name _____ ACN _____

Address of Registered Office _____

Full Names of All Directors

T1 _____ T3 _____

T2 _____ T4 _____

OR

INDIVIDUAL TRUSTEE DETAILS

T1 Full Name _____

Residential Address _____

T2 Full Name _____

Residential Address _____

T3 Full Name _____

Residential Address _____

T4 Full Name _____

Residential Address _____

MEMBER DETAILS

Residential Address _____

Member No _____ TFN _____

Date of Birth _____ Occupation _____

BENEFIT DETAILS

Condition of Release (if applicable) _____

Commencement/Payment Date _____

Conversion/Roll-Back Date (if applicable) _____

Components Funding Benefit/Conversion/Roll-Back	Tax-Free Amount	\$ _____	_____ %
	Taxable Amount	\$ _____	_____ %
	Total Amount	\$ _____	100%

Method of Funding (if applicable)

Segregated Assets Unsegregated Assets

Reversionary Beneficiary/ies Details (if applicable)

Full Name _____ T1? Date of Birth _____

Full Name _____ T2? Date of Birth _____

Full Name _____ T3? Date of Birth _____

Full Name _____ T4? Date of Birth _____

OTHER INSTRUCTIONS

