# TAG FINANCIAL SERVICES

**ACCOUNT BASED PENSION &**

**TRANSITION TO RETIREMENT ACCOUNT BASED PENSION   
ORDER FORM**

To order your Account Based Pension & Transition to Retirement Account Based Pension documents:

1. Complete all relevant fields.
2. Attach a copy of the Fund’s most recent Trust Deed, member statements, audited financials and updated financials to start date.
3. Email this form, along with the documentation outlined above to TAG Financial Services at **super@tagfinancial.com.au**

**SECTION A (I): ADVISER ORDERING DETAILS & DECLARATION**

|  |  |
| --- | --- |
| Name: |  |
| Company Name: | |
| Postal Address: | |
| Date Of Order:    /    / | Your Ref: |
| Phone: (     ) -       - | Fax: (     ) -       - |
| Email: | |

**SECTION A (II): ACCOUNTANT DECLARATION**

|  |
| --- |
| I confirm my client has received a Statement of Advice (SoA) and this order is consistent with this advice. |
| My client will need the Statement of Advice (SoA). |

**SECTION B: FUND DETAILS**

|  |
| --- |
| Fund Name: |
| Registered Address: |
| Address where the meetings of the Trustees are held: |
| ABN of the Fund:      -      -      - |

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Is the Fund currently registered for PAYG withholding? Yes No

Is the Fund required to be registered for PAYG withholding? Yes No

**SECTION C: TRUSTEE INFORMATION**

If the Trustee of the Fund is a Company, enter the Company details below:

|  |  |
| --- | --- |
| Corporate Trustee Name: | ACN:       -       - |
| Registered Address: | |
| Company Chairman: | |

Enter the details of the Individual Trustees, or if the Trustee is a Company, the Directors of the Corporate Trustee:

|  |  |  |  |
| --- | --- | --- | --- |
| **Trustee 1** | Name: | Individual Trustee | Director of Corporate Trustee |
| **Trustee 2** | Name: | Individual Trustee | Director of Corporate Trustee |
| **Trustee 3** | Name: | Individual Trustee | Director of Corporate Trustee |
| **Trustee 4** | Name: | Individual Trustee | Director of Corporate Trustee |

|  |
| --- |
| Which Trustee / Director will sign the Tax Office Documentation relating to the pension if applicable: |
| Trustee / Director’s Title: |
| Trustee / Director’s Contact Phone Number: |

**SECTION D: DETAILS OF MEMBER RECEIVING BENEFIT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Member** | Name: | | Title: | |
| Address: | | | | |
| Date of Birth:    /    / | | Male | | Female |
| Tax File Number\*:     -     - | | | | |

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**SECTION E: PENSION DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Pension Commencement Date**:    /    / | | | |
| **Pension Purchase Price:** $ | | | |
| Is this a Transition to Retirement Pension? | Yes | No |  |
| Tax Free Threshold Claimed?\* | Yes | No |  |
| At what frequency will Pension Payments be made? | At least annually | | |
| Is the Member receiving the pension confirming prior instructions or instructing the trustee as of today to commence the pension? | Confirming prior instructions | | Instructing as of today |
| What date did the Member first request their pension to be paid? | /    / | | |
| What Condition of Release has the Member met to be eligible to receive the Pension? | has an unrestricted non-preserved component  has reached preservation age, ceased employment & doesn’t intend to ever take up employment for more than 10 hours per week  has reached age 60 and terminated their most recent employment  is age 65 or over  is permanently incapacitated  has a terminal medical condition  was born prior to 1 July 1960 and has reached their preservation age of 55 at the date of commencement of the pension  was born after 1 July 1960 and has reached their preservation age of 56 at the date of commencement of the pension | | |

\*Note: If the Recipient of the Pension has already claimed the tax free threshold through their employment or another income stream, do not claim the tax free threshold for this Pension.

|  |  |  |
| --- | --- | --- |
| **ARE YOU NOMINATING A REVERSIONARY FOR THIS PENSION?** | Yes | No |

**Reversionary Details:**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name of Reversionary: | | Male | Female |
| Address: | | | |
| Date of Birth:    /    / | Relationship to Pensioner: | | |

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**SECTION F: PENSION PURCHASE PRICE COMPONENTS**

**Enter the details of the Members Balance to be transferred into the Pension:**

|  |  |  |
| --- | --- | --- |
| Tax free Component: | $ | $ |
| Taxable Component: | $ | $ |
| Total Pension Purchase Price: | $ | $ |

**ADDITIONAL INFORMATION:**

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