



Pension to Super commutation form

Please note:

- One form is required per member.
- Existing ongoing adviser, brokerage, administration fee arrangements will continue. Your fund may incur external actuarial costs in the future.
- When converting funds from Pension to Super, we will not automatically transfer the beneficiary from your Pension account to your Super account. If you do not have a beneficiary on your Super account, please complete the relevant Beneficiary Nomination form, located on our website.

Please complete this form in black ink, using block letters.

1. Fund and member details

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------------------|----|-----|------|----|-------|--|--|--|--|--|--|--|------------------------|--|--|--|--|--|--|--|--|--|--|--|--|
| superannuation fund name | | | | | | | | | | | | | | | | | | | | | | | | | |
| account number | | | | | | | | | | | | | | | | | | | | | | | | | |
| title | Mr | Mrs | Miss | Ms | Other | | | | | | | | | | | | | | | | | | | | |
| first name(s) | | | | | | | | | | | | | | | | | | | | | | | | | |
| last name | | | | | | | | | | | | | | | | | | | | | | | | | |
| date of birth | | / | | / | | | | | | | | | | | | | | | | | | | | | |
| postal address | | | | | | | | | | | | | | | | | | | | | | | | | |
| suburb | | | | | | | | | | | | | | | | | | | | | | | | | |
| phone (after hours) | | | | | | | | | | | | | phone (business hours) | | | | | | | | | | | | |
| mobile | | | | | | | | | | | | | fax | | | | | | | | | | | | |
| email | | | | | | | | | | | | | | | | | | | | | | | | | |

2. Account and transfer details

A. Amount to be transferred

Please select below the amount you would like to commute from Pension phase to Super:

Note that while there are outstanding transactions we will be prevented from giving effect to a request for a transfer of the full balance. Your request will not take effect until all outstanding transactions have settled.

Pension:

Account Based Pension

Transition to Retirement Income stream

Amount:

Entire balance

Partial amount by selecting one of the following methods:

commuting \$ from Pension phase to Super.

retaining \$ in Pension phase and transferring the rest to Super.

Mandatory: if you have selected **Partial amount** above, please specify the assets (including cash) to be transferred out of or remain in the existing account (depending on your election) or attach a list. *Missing or incomplete information may delay the processing of the switch of asset(s).*

| Asset code | Asset name | Units | Date Acquired | Amount |
|------------|------------|-------|---------------|--------|
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- ▶ **Importantly, the date of transfer to Super will be the date the assets are transferred.**
- ▶ **Certain defined benefit pensions are not commutable.**

3. Confirmations and undertakings

By signing this application form, I confirm that:

- I am an existing member of the fund and agree to be bound by the terms of the trust deed as amended from time to time and all relevant laws governing the fund.
- ETSL may implement my investment recommendations upon receipt of clear instructions, as soon as is practicable to do so.
- I agree to provide ETSL with any information requested in relation to the fund and will promptly notify ETSL in writing of any change to the information in this application form.
- I acknowledge that ETSL will hold personal information about me and will disclose this information to my adviser in relation to the investment described in this form. I acknowledge that ETSL will cease to disclose this personal information if I notify ETSL that the adviser no longer acts on my behalf.
- I understand that the pension I have selected will only continue to be paid while the available assets in my account supporting the pension remain adequate and that ETSL has no liability, personal or otherwise, beyond these available assets.
- ETSL is authorised to deduct all fees and charges on account of my membership in the fund.
- ETSL may rely on any information my adviser provides and is not responsible for any errors or omissions made by that adviser.
- I have read and understand the latest Perpetual Small APRA Fund Service Product Disclosure Statement.
- I authorise ETSL to quote my TFN or exemption to the Australian Taxation Office.
- I authorise a representative of ETSL to obtain information from the Australian Taxation Office regarding my superannuation and/or pension account(s) in relation to my TFN, PAYG or other superannuation tax-related matters.

4. Member's signature

| | | |
|---------------------|--|---|
| signature of member | | date <input type="text"/> / <input type="text"/> / <input type="text"/> |
|---------------------|--|---|