



## Perpetual's DIY Super

Perpetual Trustee Company Limited ABN 42 000 001 007 AFSL 236643

Perpetual Superannuation Limited ABN 84 008 416 831 AFSL 225246 RSE L0003315

This form can be used by members of the Self Managed Super Fund Service and members of the Small APRA Fund Service.

# INSTRUCTION TO COMMENCE PENSION

Please note that once a pension has commenced you will not be able to claim a tax deduction on any of the contributions used to commence the pension, you will also not be able to alter a tax deduction previously claimed on any of the contributions used to commence the pension.

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            | tax file number   |
| postal address           |   |
| suburb                   |   |
| phone (after hours)      | phone (business hours)  |
| mobile                   | fax   |
| email                    |   |
| employment status        | I am retired (or have met another condition of release that allows access to my superannuation benefits)<br>I have reached my preservation age but I am still working<br>(*Transition to retirement* provisions will apply to your Pension Account) |

## 2. Account based pension details

Is this a transfer of an existing fund?

yes     no

I hereby elect to receive a pension, subject to the conditions imposed by the law and the Australian Taxation Office.

|   |           |  |                                   |    |   |
|---|-----------|--|-----------------------------------|----|---|
| purchase price                                      | \$        | If you complete this box, please provide details in pension funding source section below |                                   | or | entire balance                                      |
| commencement date                                   |           | preferred first payment date   |                                   |    | (must be at least one week after commencement date) |
| amount of pension required                          | minimum   | or maximum   | (only applicable to TTR pensions) |    |   |
|   | or amount | \$   | per payment                       |    |   |
| I would like my accumulation account to remain open |           | yes  | no                                |    |   |

## 2. Account based pension details (continued)

payment frequency

|             |             |
|-------------|-------------|
| weekly      | day of week |
| fortnightly | day of week |
| monthly     | Start date  |
| quarterly   | Start date  |
| Half yearly | Start date  |
| Yearly      | Start date  |

### Bank details for payment

account name

financial institution

branch name

BSB

account number

Non-reversionary

Reversionary

I wish my accumulated balance at my death to be used to continue a pension to my surviving spouse.  
( **Note: Binding death benefit nominations are not available if you select this option.** )

spouse's full name

date of birth

spouse's tax  
file number

signature of spouse

date

## 3. Proof of identity and age requirements

I have attached a copy of an appropriate form/s of identification, as detailed below.

### Either

- driver's licence issued under State or Territory law or
- passport

### or

- birth certificate or birth extract or
- citizenship certificate issued by the Commonwealth or
- pension card issued by Centrelink

### And

- letter from Centrelink regarding a government assistance payment or
- notice issued by Commonwealth, State or Territory Government or local council within last 12 months that contains your name and residential address (eg ATO notice of assessment, rates notice from local council).

### 4. Source of funds

Use the table below to indicate the assets you will be using from your existing member account to start your pension.

| asset name                       | Account Based Pension |                 |
|----------------------------------|-----------------------|-----------------|
|                                  | number of units       | \$ amount (est) |
| Perpetual's Cash Management Fund | N/A                   |                 |
|                                  |                       |                 |
|                                  |                       |                 |
|                                  |                       |                 |
|                                  |                       |                 |
|                                  |                       |                 |
|                                  |                       |                 |
|                                  |                       |                 |
|                                  |                       |                 |
|                                  |                       | Total (\$)      |

### 5. Rollover details

Transfer from other superannuation funds/rollover funds (see compliance letters attached to this form).

|   |     |    |
|---|-----|----|
| fund name                                 |     |    |
| amount                                    | \$  |    |
| Is the rollover from a complying pension? | yes | no |
| fund name                                 |     |    |
| amount                                    | \$  |    |
| Is the rollover from a complying pension? | yes | no |
| fund name                                 |     |    |
| amount                                    | \$  |    |
| Is the rollover from a complying pension? | yes | no |

Self Managed Super Fund members only to complete this section (6)

## 6. Trustee certification and instruction

I/we certify that the member whose details appear in Section 1 has satisfied the following condition of release:

he/she has ceased employment between the ages 60 and 65

he/she has reached age 65

he/she has ceased employment having reached his/her preservation age, and it is not his/her intention to work again


he/she is permanently incapacitated

he/she has reached his/her preservation age but is still working ('Transition to retirement' provisions will apply to the pension).

I/We instruct Perpetual to commence the pension as detailed in this form, in our superannuation fund:

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

### Company signatures

|           |                      |                   |   |
|-----------|----------------------|-------------------|---|
| signature | <input type="text"/> | date              |  |
| full name |                      |                   |   |
| capacity  | sole director        | director          |   |
| signature | <input type="text"/> | date              |   |
| full name |                      |                   |   |
| capacity  | director             | company secretary |   |

Small APRA Fund Service members only to complete sections 7 and 8.

## 7. Confirmations and undertakings

By signing this application form, I confirm that:

- I wish to become a 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; or
- 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.
- Perpetual may implement my investment recommendations upon receipt of clear instructions, as soon as is practicable to do so.
- I agree to provide Perpetual with any information requested in relation to the fund and will promptly notify Perpetual in writing of any change to the information in this application form.
- I acknowledge that Perpetual 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 Perpetual will cease to disclose this personal information if I notify Perpetual 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 Perpetual has no liability, personal or otherwise, beyond these available assets.
- Perpetual is authorised to deduct all fees and charges on account of my membership in the fund.
- Perpetual 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 Perpetual Small APRA Fund Service Product Disclosure Statement Issue Number 10 dated 4 April 2016.
- I authorise Perpetual to quote my TFN or exemption to the Australian Taxation Office.
- I authorise a representative of Perpetual 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.
- I have satisfied the following release condition.

I have reached the age of 65

I have ceased employment between the age of 60 and 65

I have ceased employment having reached my preservation age, and it is not my intention to work again

I am permanently incapacitated, and have met the additional requirements needed

I have reached my preservation age but I am still working ('Transition to retirement') provisions will apply to your pension.

## 8. Member's signature

Please note that a nominated reversionary pensioner must provide a specimen signature in section 2 of this form.

signature of member

date

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## **Perpetual's DIY Super**

Perpetual Superannuation Limited ABN 84 008 416 831 AFSL 225246 RSE L0003315

This Compliance letter is for use by members of the Small APRA Fund Service.

# **COMPLIANCE LETTER**

To the Trustee

## **Perpetual Small APRA Fund Service**

Perpetual Superannuation Limited wishes to confirm that the trust deed to be used for the Small APRA Funds utilising this Service:

- Complies with the Superannuation Industry (Supervision) Act 1993 and Regulations ('SIS').
- Provides for benefits to be transferred into the Fund.
- Complies with the preservation requirements set out in SIS.

The Fund accepts all contribution types, including superannuation guarantee contributions from any employer on behalf of a member.

As required the Fund will apply to the Australian Taxation Office for an Australian Business Number and/or to the Australian Prudential Regulation Authority for a Registrable Superannuation Entity number. Copies of the relevant application forms will be provided by us upon request.

Perpetual Superannuation Limited acts as trustee of the Fund.

Yours faithfully

**Directors,**

**Perpetual Superannuation Limited**

Note: The above wording has been approved by the Australian Taxation Office as an acceptable notification that a fund is a complying fund.

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This certificate is for use by trustees using the Self Managed Super Fund Service.

## CERTIFICATE OF COMPLIANCE

To Whom it may concern

|           |
|-----------|
| fund name |
| ABN       |

As Trustees for the above named Self Managed Superannuation Fund ('the Fund'), we confirm that the Fund is registered as a Complying Superannuation Fund and complies with:

- the provisions of the Superannuation Industry (Supervision) Act 1993 and Regulations ('SIS');
- provides for benefits to be transferred into the Fund; and
- the preservation requirements as set out in SIS.


We also confirm that the Trust Deed ('the Deed') establishing the Fund allows for acceptance of all contribution types including superannuation guarantee contributions from any employer on behalf of a member.

Further confirmation as to the Fund's compliance can be obtained from the Australian Taxation Office's Register of Complying Funds (ROCS), which can be accessed online via [www.ato.gov.au](http://www.ato.gov.au) or by calling 13 10 20. Please quote the Fund's Australian Business Number (ABN) (provided above) when initiating the search.

Yours faithfully

|                   |  |
|-------------------|--|
| trustee signature |  |
| full name         |  |
| trustee signature |  |
| full name         |  |
| trustee signature |  |
| full name         |  |
| trustee signature |  |
| full name         |  |
| date              |  |

**Company signatures**

|           |                      |                   |   |
|-----------|----------------------|-------------------|---|
| signature | <input type="text"/> | date              |  |
| full name |                      |                   |   |
| capacity  | sole director        | director          |   |
| signature | <input type="text"/> | date              |   |
| full name |                      |                   |   |
| capacity  | director             | company secretary |   |