

# Pension Payment Request Form



Please complete if you wish to request a one-off pension payment.

## Section 1: Personal details

Member number:

Full name:  Date of birth:

## Section 2: Payment instructions

I would like to withdraw: \$

This is a one-off payment and should not be included in my nominated annual pension amount.

This payment is to be included in my nominated annual pension amount.

## Section 3: Authorisation

Either the adviser or member can sign this form.

If adviser is signing this form, the following declarations and acknowledgements apply:

- I declare that all transaction and directions given to the Trustee will only be made after prior consent of the member.
- I hold an Australian Financial Services License (AFSL), or I am authorised through a holder of a current AFSL.
- I confirm that my license or authorisation enables me to deal in and advise on the Fund.
- I confirm the member has provided authorisation, via their *Pension Application* form or *Adviser Nomination* form, for me to provide instruction in relation to their account within the Fund.
- I declare that all information provided by myself in this form is true and correct.
- I indemnify the Trustee against all losses, actions, liabilities, claims and expenses in relation to acting upon the directions, instructions, requests and communications given by me.

Adviser signature:  Date:

If member is signing this form, the following declarations and acknowledgements apply:

- I understand that I am bound by the provisions of the Fund's Trust Deed.
- I have read and agree to the terms of the relevant Product Disclosure Statement applicable to my account.
- The information I have provided in this form is true and correct.
- I understand that the pension I selected may not provide me with pension payments for the rest of my life, and that payments will cease once my account balance reduces to zero.
- I understand that pension products are complex and that different taxation and social security implications may apply to my pension depending on my personal circumstances. I acknowledge that the Trustee cannot provide me with advice about this and that I should consult an appropriately qualified adviser for advice that relates to my personal circumstances.
- In relation to a pension commenced under transition to retirement rules, I understand that additional restrictions apply to such pensions.
- I acknowledge that I have read and understood the Privacy Policy described in the Additional Information Booklet.

Member signature:  Date: