

BENEFIT PAYMENT SERVICE

Complete and return this form to WE SMSF at: documentservices@wesmsf.com.au OR PO Box <<>> ROBINA QLD 4226

PLEASE COMPLETE THE FOLLOWING SECTIONS FOR ALL SERVICES: A, B, C, D, H, I, J

ADDITIONALLY, COMPLETE THE RELEVANT SECTIONS FOR THE SPECIFIC SERVICE YOU REQUIRE:

- NEW ACCOUNT-BASED PENSION: F
- FULL / PARTIAL COMMUTATION: E
- CONSOLIDATION: E, F
- LUMP SUM FROM ACCUMULATION: G

SECTION A: ACCOUNTANT/ADVISER DETAILS

Contact Person		Company			
Postal Address					
Suburb		State		Postcode	
Phone		Email			
Mobile Phone		Cc Email			
Please select how you would like to receive the documents			Email	OR	Post
Please select who should receive the documents			Accountant/Adviser	OR	Trustee 1

SECTION B: FUND DETAILS

Fund Name		ABN	
Please attach the following:			
The Fund's current Trust Deed (and where applicable, previous Trust Deed/s)			
Any change of trustee documents			
Member statements on which the breakdown in Section E, F and/or G is based (Please note that pension account balances must be reported at market value)			

SECTION C: TRUSTEE DETAILS

Individual					
Corporate	Name		ACN		
Registered Office Address					
Suburb		State		Postcode	
INDIVIDUAL 1	Director	Trustee	Member		
Full Legal Name	First Given Name	Other/Middle Name	Family Name	Title	
Residential Address					
Suburb		State		Postcode	
Postal Address	As above				
Suburb		State		Postcode	
Email					
Phone		Mobile			

SECTION C: TRUSTEE DETAILS CONTINUED

INDIVIDUAL 2	Director		Trustee	Member	
Full Legal Name	First Given Name	Other/Middle Name	Family Name	Title	
Residential Address					
Suburb		State		Postcode	

NOTE: If there are more than two individuals, please copy this

page SECTION D: MEMBER DETAILS

Full Legal Name	First Given Name	Other/Middle Name	Family Name	Title	
Date of birth (dd/mm/yyyy)		TFN		Phone	
Residential Address					
Suburb		State		Postcode	

On what basis can the payment be paid:		
sufficient unrestricted non-preserved monies; or		
the following condition of release has been met (choose one):		
65 years of age or over		
terminated an employment relationship after age 60		
reached preservation age and have permanently retired; or		
they have reached preservation age and wish to commence a transition to retirement pension.		
PAYG Withholding form (Where member taking payments before age 60 and balance includes taxable component)		
Is the Fund already registered for PAYG Withholding?	Yes	No
WE SMSF to complete paper PAYG Withholding form?	Yes	No
TFN Declaration form (Where member taking payments before age 60 and balance includes taxable component)		
WE SMSF to complete paper TFN Declaration form?	Yes	No
Super Transfer Balance Account Report		
WE SMSF to complete paper ATO TBAR report? (Additional fees may apply) (NB Not required for the 'Lump Sum Accumulation Report)	Yes	No
Member account number (Where WE SMSF completing TBAR)		

SECTION E CONTINUES ON NEXT PAGE

SECTION E: PENSION COMMUTATION DETAILS

Type of Commutation	Form of Commutation				
Full	Roll Back to Accumulation				
Partial	Lump Sum Payment				
	Roll Out to External Fund				
	Fund Name				
Pension Commencement date (dd/mm/yyyy)					
Pension Balance at Commencement	\$				
Pension Commutation date (dd/mm/yyyy)					
Pension Balance at Commutation	\$				
Total Amount of Commutation	\$				
Tax Free Component of the Commutation Amount	Tax Free %				
Preservation Components for this pension at the Commutation date					
Preserved	\$	Restricted non-preserved	\$	Unrestricted non-preserved	\$

SECTION F: NEW PENSION DETAILS

Pension Commencement date (dd/mm/yyyy)					
If the member is 59 at the commencement date, will a pension payment be taken before the 60th birthday? Yes					
Accumulation Balance before this pension starts					
Tax Free Component		\$			
TOTAL		\$			
Initial balances of this pension					
Entire Accumulation Balance		Yes			
Other Amount		\$			
Tax Free Component		\$			
Have any assets been specifically segregated to provide the pension? Yes (attach full details) No					
Preservation components for this pension:					
Preserved	\$	Restricted non-preserved	\$	Unrestricted non-preserved	\$
Reversionary beneficiary details (if any):					
Is the pension reversionary?	Yes	No	Relationship to pensioner (eg. Spouse)		
Full Legal Name	First Given Name	Other/Middle Name	Family Name	Title	

SECTION G: LUMP SUM PAYMENT FROM ACCUMULATION ACCOUNT

Lump Sum Payment Date					
Lump Sum Components:					
Tax Free Component	\$				
Taxable Component	\$				
TOTAL	\$				

WE SMSF Pty Ltd ABN 000000000

SECTION H: ACKNOWLEDGEMENT & AUTHORITY

I confirm that the information on this form is correct and I have the authority to request and pay for the documentation services requested on behalf of the superannuation fund.

I acknowledge and understand that to complete the documentation, WE SMSF will prepare on the basis that all members are 18 or older and they have their capacity to sign, unless told otherwise.

I hereby authorise WE SMSF to document changes to my pension based on the information provided to them for this purpose.

I acknowledge and understand that unless a Statement of Advice from Wealth Effect Group recommending the course of action contemplated by these documents has been obtained, WE SMSF has not reviewed my / our circumstances to determine whether or not such action is appropriate and have simply executed and provided the requested services in accordance with my / our instructions or instructions from my / our adviser(s).

Signature of person authorised to make the
above statements on behalf of the
member(s) and trustee(s) or director(s) of the
corporate trustee

Print name

Date

SECTION I: PRIVACY STATEMENT

WE SMSF Solutions is committed to protecting the privacy and rights of its customers. Our [Privacy Policy](#) contains important information about how we collect, hold, use and disclose personal information. If you have questions or wish to make a complaint, please contact our Privacy Officer at WE SMSF Solutions, PO Box <<>>, ROBINA QLD 4226, or via email at privacy.officer@wesmsf.com.au.

PAYMENT INFORMATION

Amount: \$	
EFT Transfer	BSB:182-182 Account: 000000000 <i>Please attach transaction receipt of payment to service form as confirmation of payment</i>
Credit Card	Document services payments <i>Please attach transaction receipt of payment to service form as confirmation of payment</i>
Direct Debit Authority in place	

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