

Death benefit payments Service form

WE. SMSF

Download to complete as a PDF and click the submit button at the end to automatically email it back to us. You can also return the completed form to documentservices@wesmsf.com.au or mail to PO Box 200 Robina QLD 4226.

Each documentation service includes:

- Review of the fund's current deed for the relevant rules; and
- Preparation of all relevant letters and minutes/resolutions etc for signing by the relevant parties.

SECTION A: ACCOUNTANT/ADVISER DETAILS

Contact person				Firm name			
Postal address							
Suburb				State		Postcode	
Phone			Email				
Mobile			CC email				
Please select how the documents should be delivered:				Email	<u>OR</u>	Post	
Please select who the documents should be delivered to:				Accountant/Adviser	<u>OR</u>	Individual 1	

SECTION B: FUND DETAILS (Tick ☒ whichever is applicable)

SMSF name			
ABN			
Trustee structure	Individual trustees	Corporate trustee (Complete company name and ACN below)	
Company name		ACN	

SECTION C: DETAILS OF MEMBER(S), TRUSTEES/DIRECTOR(S) ETC (Tick ☒ whichever is applicable)

INDIVIDUAL 1	Member	Individual Trustee	Director (Corporate trustee)
Full legal name (First/Middle/Last)			Title
INDIVIDUAL 2	Member	Individual Trustee	Director (Corporate trustee)
Full legal name (First/Middle/Last)			Title
INDIVIDUAL 3	Member	Individual Trustee	Director (Corporate trustee)
Full legal name (First/Middle/Last)			Title
INDIVIDUAL 4	Member	Individual Trustee	Director (Corporate trustee)
Full legal name (First/Middle/Last)			Title
INDIVIDUAL 5	Member	Individual Trustee	Director (Corporate trustee)
Full legal name (First/Middle/Last)			Title
INDIVIDUAL 6	Member	Individual Trustee	Director (Corporate trustee)
Full legal name (First/Middle/Last)			Title

SECTION D: DECEASED MEMBER DETAILS

Deceased's full legal name			
Date of birth (ddmmyyyy)		Date of death (ddmmyyyy)	

SECTION E: PLEASE ATTACH THE FOLLOWING (Tick ☒ whichever is applicable, and attach)

The Fund's current trust deed;
Any change of trustee documents since the current trust deed (if applicable); and
A copy of the death certificate.

SERVICES REQUIRED (Tick ☒ whichever is applicable)**SECTION F: TELEPHONE CONSULTATION WITH WE SMSF TECHNICAL TEAM**

The cost of this service is \$605 (inc. GST) per hour

Note this consultation will not include any advice or recommended course of action nor would it consider the personal circumstances of any individual to determine whether or not the requested services are appropriate. The consultation would be limited to factual and educational information. Should advice be required, WE SMSF will send you to Wealth Effect Group (Our advice Partner) to provide a detailed quote and agreement for such services.

SECTION G: ACKNOWLEDGEMENT OF THE REVERSION OF THE DECEASED'S PENSION(S)

The cost of this service is \$220 (inc. GST) per reversionary pension

Please provide the following information:

For the Fund (this information is required for the product disclosure statement of the pension)					
Fund's postal address					
Suburb		State		Postcode	
Fund's contact phone number					

Reversionary pensioner's details		
Full legal name		
Date of birth (ddmmyyyy)		Relationship to deceased (eg. Spouse)
Details of the reversionary pension(s)		
<i>Account name (per the Fund's latest financials)</i>	<i>Tax free %</i>	<i>Value at date of death</i>
	%	\$
	%	\$
	%	\$
	%	\$
	%	\$

Please attach the following:
Full copy of the deceased member's pension commencement documents for the above pensions (if available);
Full copy of the deceased member's pension amendment documents if reversionary pensioner was added after the commencement of any pension (if applicable); and
Financial statements/member statements on date of death (Please note that the account balances must be reported at market value)

SECTION H: DEATH BENEFIT ACCOUNT-BASED PENSION**ESTABLISHMENT** The cost of this service is \$300 (inc. GST) per pension

Please provide the following information:

For the Fund (this information is required for the product disclosure statement of the pension)					
Fund's postal address					
Suburb		State		Postcode	
Fund's contact phone number					
For the beneficiary					
Full legal name		Date of birth (ddmmyyyy)			
Relationship to deceased	Spouse	Child	Financial dependant	Interdependent	
On what basis did the Trustee decide to pay a death benefit to this beneficiary?					
Trustee exercised discretion;					
Trustee exercised discretion after considering a non-binding death benefit nomination;					
The deceased had a binding death benefit nomination determined as valid by the Trustee;					
The deceased had a death benefit agreement determined as valid by the Trustee; or					
The trust deed/governing rules of the Fund contain specific rules and these have been followed.					
Death benefit account-based pension details					
Pension commencement date (ddmmyyyy)					
Initial balance of the pension					
Separate pension from each of the deceased's account balances detailed below (We have ensured that the initial balance of the pension will not give rise to any transfer balance cap issues for the beneficiary)					
Single pension comprised of the entire value (combined) of the deceased's account balances detailed below; (We have ensured that the initial balance of the pension will not give rise to any transfer balance cap issues for the beneficiary)					
Amount up to the beneficiary's remaining available transfer balance cap space; or					
Fixed amount	\$	Tax free amount	\$		
Have assets been specifically segregated to provide the pension?		Yes (please provide full details of these assets (including market value of the assets))			
Is the pension to be reversionary?		Yes		No	
Reversionary details (if any)					
Full legal name		Date of birth (ddmmyyyy)			
Relationship to pensioner	Spouse	Child	Financial dependant	Interdependent	
From which of the deceased's accounts did the money for the initial balance of the pension come from?					
<u>Account name (per the Fund's latest financials)</u>		<u>Amount</u>			
		Full account balance			
		Fixed amount of \$			
		As much as possible without causing the beneficiary to exceed their transfer balance cap at the end of the commencement day			
		Full account balance			
		Fixed amount of \$			
		As much as possible without causing the beneficiary to exceed their transfer balance cap at the end of the commencement day			

Please attach the following:

Financial statements/member statements immediately prior to the commencement of the pension
(Please note that the account balances must be reported at market value)

SECTION I*: TRANSFER BALANCE ACCOUNT REPORT (TBAR)

The cost of this service is \$110 (inc. GST) per event

As part of this additional service, WE SMSF will partially complete a “paper” ATO TBAR report (for your lodgement) for the reversion of the pension(s) and/or the commencement of any new death benefit account-based pension

SECTION J: LUMP SUM DEATH BENEFIT PAYMENT

The cost of this service is \$300 (inc. GST) per pension

Please provide the following information:

For the beneficiary			
Is the payment being made to the deceased's legal personal representative (Estate)?			Yes No
Beneficiary details (if not the legal personal representative)			
Full legal name		Date of birth (ddmmyyyy)	
Relationship to deceased	Spouse	Child	Financial dependant Interdependent
On what basis did the Trustee decide to pay a death benefit to this beneficiary?			
Trustee exercised discretion;			
Trustee exercised discretion after considering a non-binding death benefit nomination;			
The deceased had a binding death benefit nomination determined as valid by the Trustee;			
The deceased had a death benefit agreement determined as valid by the Trustee; or			
The trust deed/governing rules of the Fund contain specific rules and these have been followed.			
PAYG Withholding (if the payment is being made to the Estate or a non-tax dependant)			
Is the Fund already registered for PAYG withholding?			Yes No

Death benefit payment details			
Payment date (ddmmyyyy)			
Payment details			
Entire value of the deceased's account balance(s) detailed below; or			
Other amount	\$	Tax free amount	\$
Form of payment	Cash		
	In specie transfer of assets (please provide full details of these assets (including market value of the assets))		
From which of the deceased's accounts did the money for the death benefit payment come from?			
<u>Account name (per the Fund's latest financials)</u>		<u>Amount</u>	
		Full account balance	
		Fixed amount of \$	
		Full account balance	
		Fixed amount of \$	

Please attach the following:

Financial statements/member statements immediately prior to the payment of the lump sum death benefit
(Please note that the account balances must be reported at market value)

* The service in section I is provided by Shaun McCheane. As a registered tax agent, Shaun Mc Cheane has a range of responsibilities and obligations under the Tax Practitioners Board's (TPB) Code of Professional Conduct and also under taxation law. To assist you in understanding a taxpayer's obligations as well as WE SMSF's obligations as a registered tax agent, the TPB has prepared a [factsheet](#) which we have attached to this order form. The factsheet includes details of how you can search the TPB's register of tax agents and, where relevant, how you can make a complaint to the TPB about a tax agent service we have provided.

In some situations, Shaun Mc Cheane will be required to conduct proof of identity checks and confirm the identity of the individual/trustee(s)/director(s) of the corporate trustee. We do so by verifying details of an individual's identification documents against government databases through our third-party partner Cloudcheck. If this applies, we will contact you.

ACKNOWLEDGEMENT & AUTHORITY

The trustee(s) or director(s) of the corporate trustee hereby:

- acknowledge they have read, understood, and agreed to the terms detailed in WE SMF's [Privacy Policy](#),
- declare the information provided on this form is true and correct and agree to pay for the services requested on this form and, in the event that any information on this form is incorrect and WE SMSF are requested to amend the documentation, agree to pay any amendment fees charged,
- acknowledge and understand to complete the documentation WE SMSF will prepare on the basis that all individuals are 18 or older and they have their capacity to sign, unless told otherwise,
- acknowledge and understand that, in relation to in specie benefit payments:
 - this documentation service does not include the documentation necessary to transfer title to the relevant assets from the fund,
 - Wealth EffectGroup or WE SMSF has not provided advice, and recommends they seek their own advice, on the stamp duty consequences of the transaction, and
 - unless the fund is administered by WE SMSF, WE SMSF is not responsible for calculating or providing advice on the GST or capital gains tax consequences of the transaction. WE SMSF recommends they seek their own advice in this regard, (Wealth EffectGroup is our Advice Partner)
- instruct WE SMSF to provide the services requested on this form to the trustee(s) or director(s) of the corporate trustee using the information provided on this form, and acknowledge and understand that neither the contents of this form, nor the documentation prepared or other services provided constitute 'Financial Product Advice' as defined in the Corporations Act 2001 and should not be regarded as such, and
- acknowledge and understand unless a Statement of Advice from Wealth Effect Group or WE SMSF recommending the course of action contemplated by these documents has been obtained, WE SMSF has not reviewed the personal circumstances of any individual to determine whether or not the requested services are appropriate.

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

Print name

Date

PAYMENT INFORMATION

Amount:	\$
EFT transfer	BSB: 0182-182 Account: 0000000000 <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	