

BENEFIT PAYMENT SERVICE

Complete and return this form to Heffron at: dss@heffron.com.au OR PO Box 200 Maitland NSW 2320

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	<i>First Given Name</i>	<i>Other/Middle Name</i>	<i>Family Name</i>	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	<i>First Given Name</i>	<i>Other/Middle Name</i>	<i>Family Name</i>	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	<i>First Given Name</i>	<i>Other/Middle Name</i>	<i>Family Name</i>	Title	
Date of birth		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
Heffron to complete paper PAYG Withholding form?	Yes	No
TFN Declaration form (Where member taking payments before age 60 and balance includes taxable component)		
Heffron to complete paper TFN Declaration form?	Yes	No
Super Transfer Balance Account Report		
Heffron 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 Heffron 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					
Pension Balance at Commencement		\$			
Pension Commutation date					
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					
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	\$				

SECTION H: PRIVACY STATEMENT

Heffron 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 Heffron SMSF Solutions, PO Box 200, MAITLAND NSW 2320, or via email at privacy.officer@heffron.com.au.

SECTION I: ACKNOWLEDGEMENT

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

I acknowledge and understand that unless a Statement of Advice from Heffron recommending the course of action contemplated by these documents has been obtained, Heffron 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

NB: PAYMENT DETAILS REQUIRED ON NEXT PAGE

SECTION J: PAYMENT DETAILS REQUIRED

Amount: \$		Credit Card	
Cardholder's Name:		Card Number:	
Exp Date:		CCV:	
EFT Transfer	BSB: 082 691 Account: 561309446	Direct Debit Authority in place	
<i>Please attach transaction receipt of payment to service form as confirmation of payment</i>			