BENEFIT PAYMENT - REVERSIONARY PENSIONER SERVICE

Heffron SMSF Solutions

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

WORK TO BE COMPLETED (Please Select):

- ☐ REMOVE REVERSIONARY PENSIONER
- ☐ ADD REVERSIONARY PENSIONER

SECTION A: ACCOUNTANT/ADVISER DETAILS (Please start at Section B if not applicable)

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			
☐ A copy of the latest ASIC company statement. A fee may apply if not provided			

SECTION C: TRUSTEE DETAILS

☐ Individual					
☐ Corporate	Name			ACN	
Registered Office Address					
Suburb		State		Postcode	
INDIVIDUAL 1	Director ☐	Trustee ☐	Member ☐		
Full Legal Name	First Name	Middle/Other Name	Family Name	Title	
Residential Address					
Suburb		State		Postcode	
Postal Address	If the postal address is the same as the residential address, tick 'As above'				☐ As above
Suburb		State		Postcode	
Email					
Phone			Mobile		
INDIVIDUAL 2	Director ☐	Trustee ☐	Member ☐		
Full Legal Name	First Name	Middle/Other Name	Family Name	Title	
Residential Address					
Suburb		State		Postcode	

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

SECTION D: DETAILS OF THE PENSION(S) TO WHICH THE CHANGE APPLIES

Pensioner Details			
Full Legal Name	First Name	Middle/Other Name	Family Name
Date reversionary pensioner is to be changed			
Reversionary Beneficiary Details			
Reversionary beneficiary full legal name	First Name	Middle/Other Name	Family Name
Relationship to pensioner (eg Spouse)			
Details of Existing Pension(s)			
Start Date	**Tax Free %**	**Balance at most recent 30 June**	
• The 'Balance' is purely for identification purposes in the event that the Pensioner has multiple pensions that			

SECTION E: 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 F: 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 G: 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	
Please attach transaction receipt of payment to service form as confirmation of payment			