

## Benefit Payment - Prospective Lump Sums and Partial Commutations

Complete and return this form to [DSS@heffron.com.au](mailto:DSS@heffron.com.au)

Complete this form to request documentation to record the member's instructions (and trustee's agreement) to treat payments from the fund as follows:

- firstly to meet minimum pension payment requirements at that time; and then
- from the member's accumulation account (if permitted by law); and then
- as a partial commutation from the member's pension(s) in a specific order.

Document pack for one member (valid for one financial year)	\$330 incl GST
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Note that additional documentation may be required when a payment is actually made:

- PAYG summaries will be applicable if any payments made are subject to tax;
- Partial commutations must be reported to the ATO via the Transfer Balance Account Report (TBAR)

We can assist with that reporting at the appropriate time if required. Additional charges apply.

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### Section A: Contact Details & Acceptance of Terms

First Name \_\_\_\_\_ Surname \_\_\_\_\_

Firm Name \_\_\_\_\_ Phone \_\_\_\_\_

Email address \_\_\_\_\_

Documents to be:

Emailed to the above address

Posted to \_\_\_\_\_

Payment details:

Please find a cheque enclosed

Please use the direct debit facility established for \_\_\_\_\_

Please charge the following credit card

<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard Amount: \$ _____ Cardholder's Name: _____ Card Number: _____ Expiry Date: ____ / ____
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Authorised by:

Signed \_\_\_\_\_

*(ensure this is the cardholder if paying by credit card)*

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## Section B: Fund Details

Fund Name \_\_\_\_\_ ABN \_\_\_\_\_

Trustee:

- Corporate - Company Name \_\_\_\_\_  
 Individuals

Please list the full legal names (including middle names if applicable) of all individual trustees or directors

Title	First Name	Middle Name	Surname	Role
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## Section C: Member & Account Details

Please provide details of the member to whom this document pack relates:

Title	First Name	Middle Name	Surname
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Financial year to which the document pack relates \_\_\_\_\_

The documents will refer to payments coming from the member's accumulation account first if this is applicable. Does the member have an accumulation account?

- Yes  
 No

Please provide details of the pension accounts in place at the time this document will be signed:

Pension Name / Identifier *	Tax Free %	Order in which partial commutations should be drawn **
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*(if further space required, please attach additional page)*

\* This can be any wording or identification code that can distinguish this pension from any other in the name of this person. A useful identifier might be whatever code was used when completing the Transfer Balance Account Report for this pension.

\*\* Use the numbers 1, 2 etc to indicate the pension from which any partial commutations should be sourced first, second etc. The documentation will effectively stipulate that the first pension should be exhausted before taking partial commutations from Pension 2.

**Disclaimer:** By completing this information schedule/application form, you are acknowledging that this is an "execution only" service and are not asking us to consider whether the course of action contemplated by these documents is appropriate for your or your clients' circumstances. You/your client should consider taking the advice from the holder of an Australian Financial Services Licence before making a decision on a financial product.

### Heffron SMSF Solutions

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