

PLEASE USE BLOCK LETTERS.

Please forward this form complete with member signature to:

Multiport Pty Ltd
PO Box N316,
Grosvenor Place, NSW 1220

Please direct any enquiries to us by phone on 1300 364 672 or by email to help@multiport.com.au

SECTION 1 – FUND DETAILS

Fund name

Trustee name

Registered address

SECTION 2 – CONTACT DETAILS

Fund contact

Postal address

Town/suburb

State

Postcode

Phone

Email

SECTION 3 – TRUSTEE / TRUSTEE DIRECTOR DETAILS

	Person A (Founding member)	Person B	Person C	Person D
Surname	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Given name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Middle names	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
TFN	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Occupation	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential address	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Postal address	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Pension Commencement Request Application form

Please indicate	<input type="checkbox"/> Individual Trustee	<input type="checkbox"/> Individual Trustee	<input type="checkbox"/> Individual Trustee	<input type="checkbox"/> Individual Trustee
	<input type="checkbox"/> Trustee Director	<input type="checkbox"/> Trustee Director	<input type="checkbox"/> Trustee Director	<input type="checkbox"/> Trustee Director
	<input type="checkbox"/> Member	<input type="checkbox"/> Member	<input type="checkbox"/> Member	<input type="checkbox"/> Member
Town of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Location of trustee meeting

Place of meeting

Copy of trust deed

Please select to confirm you have attached a copy of the current SMSF trust deed

SECTION 4 – PENSION DETAILS

Member Name

Date of birth

Pension Purchase Price at commencement date

<input type="text"/>	<input type="text"/>	<input type="text"/>
\$	\$	\$
Tax Free component	Taxable component	Total amount

Commencement date

Note: The commencement date cannot be prior to the date the member applies to the Trustees to start a pension and therefore cannot be prior to the execution date of this form.

Level of pension

Minimum pension Maximum pension (Transition to retirement only)

Other amount (per annum gross amount) \$

Will the General Tax Exemption be claimed for this pension? Yes No

SECTION 5 – REVERSIONARY DETAILS

The residual benefit may only be payable as a pension if the Beneficiary was the spouse (same sex partners may be included depending on circumstances), the child is under age 18 or permanently disabled, or was in an interdependent relationship with a person. All other persons will only be able to receive the residual benefit as a lump sum.

Please select which situation applies

Non-Reversionary upon death, the remaining balance of the pension will be dealt with according to the rules of the Fund, which may include distribution via the members' death benefit nomination. In the event of death, a valid Nominated Beneficiary may be able to choose to receive any residual benefits as a pension or lump sum. Please ensure death benefit nomination is kept current so that in the event of death, any benefit is paid in accordance with the stated wishes.

Reversionary Pension upon death, the remaining balance of the pension will be paid as a reversionary pension to the dependant nominated below. The nominated beneficiary meets the eligibility criteria to receive a reversionary pension.

Dependant Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship to the member	Dependant Date of Birth	Gender

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dependant address	Town/suburb	State	Postcode

SECTION 6 – CONDITION OF RELEASE

Please select which event applies

- Unrestricted Non-preserved Benefits – this pension is to be paid from an existing Unrestricted Non-preserved Benefit balance
- Attainment of age 65
- Retirement after age 55 – the member can satisfy the following conditions:
1. they are aged 55 years or over at the date of retirement,
 2. they ceased an employment arrangement on / / (date must be after 1 July 1994), and
 3. they do not intend to become gainfully employed on a part-time or full-time basis ever again.
- Retirement after age 60 – The member was aged 60 years or over at the date they ceased an employment arrangement on / / (date must be after 1 July 1994) with
- Attainment of Preservation Age (Transition to Retirement Pension Only)

SECTION 7 – PAYMENT DETAILS

Once we receive your application we will issue you an invoice for this Pension Commencement Request. When the invoice has been paid we will proceed with processing your application.

Please advise the full name the invoice should be addressed to:

Please indicate your preferred method of payment for the invoice.

- Electronic funds transfer (EFT)

Account name: Multiport Pty Ltd Bank: Macquarie Bank

BSB: 182-222

Account: 119959989

Please use your super fund name as a reference to allow quicker identification of your payment.

SECTION 8 - REQUEST AND AUTHORITY TO DEBIT

Your Surname or company name

 "you"

Your Given names or ABN/ARBN

request and authorise **Multiport Pty Ltd 396595** to arrange, through its own financial institution, a debit to your nominated account any amount Multiport Pty Ltd, has deemed payable by **you**.

This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from **your** account held at the financial institution you have nominated below and will be subject to the terms and conditions of the Direct Debit Request Service Agreement.

SECTION 9 - INSERT THE NAME AND ADDRESS OF FINANCIAL INSTITUTION AT WHICH ACCOUNT IS HELD

Financial institution name

Address

SECTION 10 - INSERT DETAILS OF ACCOUNT TO BE DEBITED

<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Account name	BSB Account number

SECTION 11 - ACKNOWLEDGMENT

By signing and/or providing us with a valid instruction in respect to your Direct Debit Request, you have understood and agreed to the terms and conditions governing the debit arrangements between you and Multiport Pty Ltd as set out in this Request and in your Direct Debit Request Service Agreement.

SECTION 12 - INSERT YOUR SIGNATURE AND ADDRESS

Address

Signature (If signing for a company, sign and print full name and capacity for signing eg. director)

Date

SECOND ACCOUNT SIGNATORY (IF REQUIRED)

Address

Signature (If signing for a company, sign and print full name and capacity for signing eg. director)

Date

SECTION 13 - SUBMITTING YOUR FORM

You can submit your application form via email or post:

A signed and scanned copy

Email: help@multiport.com.au

A printed and signed copy

Postal address:
PO Box N316
Grosvenor Place
Sydney NSW 1220

SECTION 14 – PRIVACY STATEMENT

Multiport collects personal information from you, your nominated adviser and other (prospective) members of your SMSF.

Our main purpose in collecting personal information is to establish and/or administer your SMSF. If you do not provide the information necessary to process your application for SMSF services, then we may not be able to process it.

We may collect personal information if it is required or authorised by under the various financial services laws. If you use our services through an intermediary (such as a financial adviser, stockbroker or accountant), we will not use your information for the purposes of direct marketing without the consent of that intermediary. If you use our services directly (not through an intermediary), we may also use your personal information for related purposes, such as keeping you informed of new services or special arrangements offered or distributed by us. Again, when conducting our marketing activities, we may disclose some personal information to our service providers. You can opt out of receiving direct marketing information from us at any time.

We usually disclose information of this kind to:

- other members of the AMP group
- other members of your SMSF
- your financial planner or broker (if any)
- external service suppliers both here and overseas. A list of countries where these providers are likely to be located can be accessed via our Privacy Policy
- to Regulators such as Australian Taxation Office (ATO)
- anyone you authorise/nominate, or if required by law.

If sensitive information is collected, for example health information or membership of a professional association, additional restrictions apply. The primary purpose for collecting and holding sensitive information is to administer your SMSF's records of insurance held through your SMSF. We may disclose sensitive information to your nominated adviser or other trustees/trustee directors of your SMSF, anyone you have authorised or if required by law.

Under the Multiport Privacy Policy, you may access personal information about you held by us. The Multiport Privacy Policy sets out our policy on management of personal information, including information about how you can access your personal information, seek to have any corrections made on inaccurate, incomplete or out-of-date information, how you can make a complaint about privacy and information about how we deal with such complaints. You may obtain a copy by contacting us on 1300 364 672 or visiting multiport.com.au

SECTION 15 – AUTHORITY TO PROCEED

I/We acknowledge that Multiport will collect my/our personal information in relation to my/our Pension Commencement form in accordance with the above privacy policy.

I/We hereby declare that the above information is true and correct.

I/We instruct Multiport to provide the necessary documentation to establish the above arrangements on my/our behalf.

I/We hereby authorise Multiport to deduct and pay from the fund's cash account/bank account its fees as agreed in writing, and my/our adviser or a third party as set out in this document.

Name

Signature

Date

Address
Level 10,
50 Bridge Street
Sydney NSW 2000

Postal address
PO Box N316,
Grosvenor Place
NSW 1220

Telephone 1300 364 672
Facsimile 02 9257 5399
Email help@multiport.com.au
Website multiport.com.au

