Xpress Super -

Pension Establishment Request

The trustees of the Superannuation Fund detailed below hereby request Xpress Super to prepare the necessary documentation for the commencement of a pension for the Member detailed below.

By signing this form, the trustees acknowledge and accept Xpress Super's pension commencement fee, as outlined in the fee schedule.

Pension Establishment Details

Superan	nuation Fund Name			
Member	Name (pension recipient)			
Pension	Commencement Date			
Is the Me	ember Claiming the tax-free threshold?	YES	NO	N/A 60+
Use full r	member balance to commence pension?	YES	NO	
lf NO, an	nount used to commence pension: \$			
Is the me	ember intending to claim any member concess	ional (deduc	tible) contribution	s within the financial
year prior to commencing a pension?		YES	NO	
Is the member currently in receipt of any other pension/s from another superannuation fund?				
		YES	NO	
If YES, can the member confirm that the new pension will not cause the member to exceed their Personal				
Transfer	Balance Cap?	YES	NO	
Is the member currently in receipt of the Australian Age Pension or Commonwealth Seniors Health Card?				
		YES	NO	
lf YES, h	as the member sought advice on the implicati	ons of the ne	w pension (we st	rongly recommend
you seek advice)?		YES	NO	
Conditio	on of Release			
ŀ	Attained Age 65			
7	Termination of Employment (Aged 60-64)			
F	Permanent Retirement (Between preservation age - 64)			
F	Pre-Retirement Pension (Between preservation	n age - 64)		
Other				

Is the pension to be reversionary?	YES	NO	
Name of Reversionary Beneficiary:			
Relationship with the Member:			
Date of Birth:			

Member Authority

Signed by the requesting member.

Member:

Signed: Date:

Trustee Authority

Trustee 1:		Trustee 2:	
Signed:	Date:	Signed:	Date:
Trustee 3:		Trustee 4:	
Signed:	Date:	Signed:	Date:
Trustee 5:		Trustee 6:	
Signed:	Date:	Signed:	Date:

or

Adviser Authority

Adviser:	

Signed:

Date: