

REQUEST TO COMMENCE A PENSION

Superannuation Fund Name: _____

Pension Member Details

Member's Name: _____

Date of Birth: _____

Work Status

Fully Retired: Yes ☐ No ☐

If No – How Many Hours Worked Per Week: _____

Pension Details

Pension Start Date: * _____

Type of Pension

Account Based Pension Yes ☐ No ☐

Transition to Retirement Pension Yes ☐ No ☐

Reversionary Pension: Yes ☐ No ☐

If Yes:

Reversionary Beneficiary** _____

Payment Details

Annual Pension Amount \$ _____

Payment Frequency Monthly / Quarterly / Annual / Other

Personal Bank Details for Payment of Pension

Bank: _____

BSB: _____

Account Number: _____

Account Name: _____

Please prepare the necessary minutes and documents to convert my existing accumulation balance to a pension, using the above details.

Signed: _____

Member's Name: _____

* *Please Note:* A pension start date cannot be earlier than the date of signing this form.

** *Please Note:* You can only nominate a *dependent* to be a reversionary beneficiary of a pension. A dependent includes a spouse or a child under age 18.

Please complete and return this form to: **The Alan Skerrett Consultancy**
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