

AET Super Solutions

Pension commencement form

Please complete this form if you wish to commence a pension from your Fund.

Fund name

Fund ABN

 - - -

Title

Surname

Given name(s)

Section 1: Commencement details

To begin my pension, please transfer my accumulation account's:

entire balance

partial* amount of: \$.

*Your benefits proportionately from your taxed and tax-free components.

Pension start date: (dd/mm/yy)

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Section 2: Pension details

Please advise (✓) which pension you wish to receive:

Account-based pension, please complete section 2A

Transition to retirement pension, please complete section 2B

2A Account-based pension income payments

I have reached my preservation age and I am fully retired from the workforce

I have met a condition of release that allows me to access my superannuation

Please specify

Please nominate an annual pension amount:

Minimum

Other amount pa of \$.

2B Transition to retirement pension income payments

I have reached 55 years of age and wish to commence a transition to retirement pension

Please nominate an annual pension amount:

Minimum

Maximum, capped at 10% of account balance on commencement

Other amount pa of \$.

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Signature

Date

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Please return to AET Super Solutions by:

Fax 1800 457 967
Email info@aetsupersolutions.com.au
or Post AET Super Solutions
 GPO Box 2591
 Adelaide SA 5001

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