COOPER GRACE WARD
LAWYERS

Pension application form

TO: Cooper Grace Ward
Level 21, 400 George Street, Brisbane 4000
GPO Box 834, Brisbane 4001

F 61 7 3231 8402
T 61 7 3231 2402
E applications@cgw.com.au
W www.cgw.com.au

1. Applicant details

Firm name:					
Contact name:					
Telephone:		Fax:			
Email address:					
Postal address:					
Suburb/city:		State:		Postcode:	
Street address:					
Suburb/city:		State:		Postcode:	

2. Superannuation fund name

Name of SMSF	

3. Trustee details

Full name of trustee/s (list all):	
ACN (if corporate trustee):	
Directors: (list all if corporate trustee)	

4. Member/pensioner details (Please complete a separate application form for each member starting a pension)

Full name:	
Residential address:	
Date of birth:	
Tax file number:	

5. Pension details

Pension start date:	
Accumulation account balance at start date:	$ _____
Pension amount:	☐ Entire balance ☐ Other: $ _____
Pension components:	Taxable component: $_____ Tax-free component: $_____
Transition to retirement income stream?	☐ Yes ☐ No
Condition of release satisfied:	☐ over age 65
	☐ reached preservation age and wish to commence a transition to retirement pension

	☐	age 55 or over, but not yet 65 years of age, have ceased gainful employment and never intend to again become gainfully employed, either on a full-time or part-time basis.
	☐	age 60 or over, but not yet 65 years of age and ceased an arrangement of gainful employment **after** turning 60.
	☐	other (please specify):
Payment frequency:	☐ weekly ☐ fortnightly ☐ monthly ☐ quarterly ☐ annually ☐ other (please specify)_____	
Payment amount:	☐ minimum ☐ maximum (transition to retirement only) ☐ other: $_____per _____	
Will the tax-free threshold be claimed?	☐ Yes ☐ No ☐ Not applicable	
Will any assets be segregated to pay this pension?	☐ Yes ☐ No If Yes, please list all: _____	

6. Reversionary beneficiary

Is the pension reversionary?	☐ Yes ☐ No	
Reversionary beneficiary:	Full name:	
	Relationship to member/pensioner:	
	Residential Address:	
	Date of birth:	
	Tax file number:	

ADDITIONAL OPTIONS

Binding death benefit nomination: ($550 incl. GST each, not including any advice)	☐ Yes ☐ No If Yes, please complete the binding death benefit nomination application form.
SMSF trust deed update: ($495 incl. GST)	☐ Yes ☐ No If Yes, please complete the SMSF trust deed update application form.
Estate planning advice or meeting: (Quote on application)	☐ Yes ☐ No If Yes, we will call you to discuss your questions or arrange a time for a meeting to discuss your estate planning.

We confirm we:

- are being asked to just prepare the document;
- are not being retained to provide any advice in relation to the appropriateness;
- have not been provided any information about and are not required to investigate whether this document works with the client's estate planning strategy; and
- have not and are not required to review the documentation for any pension and how those terms work with the binding death benefit nomination.

Please send this form to Cooper Grace Ward with the following documents:

- trust deed;
- deeds of variation (including any deeds or minutes changing the trustee); and
- most recent completed financials showings assets (where you have elected to segregate).

Dated the day of 2025

_____
Signature of applicant

OPTIONAL – Payment by credit card
If you would like to pay by credit card, please complete the section below. If you would prefer we disburse our costs to your next account, please leave this section blank.

Card type:	☐ MasterCard ☐ Visa		
Card number:		Expiry date (mm/yy):	/
Name of cardholder:		Amount:	
Signature of cardholder:	_____		
Date:	/ /	Contact phone no.:	

Please print this form, review and sign it, and fax it to 61 7 3231 8402 or email to applications@cgw.com.au