



SMSF Account-Based Pension Variation Order Form

Name	<input type="text"/>	Phone	<input type="text"/>
Firm	<input type="text"/>	E-mail	<input type="text"/>

SMSF Details

Name of Fund

Meeting Address

Trustee Details

IMPORTANT: Full, verifiable names are required.

Corporate Trustee (if applicable)

ACN

Officer Names and Roles (First Officer listed to be Chairman, first 2 Officers to be signatories)

<input type="text"/>	<input type="checkbox"/> Director	<input type="checkbox"/> Secretary
<input type="text"/>	<input type="checkbox"/> Director	<input type="checkbox"/> Secretary
<input type="text"/>	<input type="checkbox"/> Director	<input type="checkbox"/> Secretary
<input type="text"/>	<input type="checkbox"/> Director	<input type="checkbox"/> Secretary

Individual Trustee/s (First person listed to be Chairman)

Pension Schedule

Member Name

Member Address

Date of Birth Pension Commencement Date:

Name of Reversionary Beneficiary

The pension may continue to be paid to a spouse, or a child of the beneficiary if the child:

- is less than 18 years of age; or
- is greater than 18 years of age, but less than 25 years of age and is financially dependent on the Member; or
- has a disability of the kind described in subsection 8(1) of the Disability Services Act 1986.

Payment Details

Please debit the following card details by the amount of \$

Type of Card Visa Mastercard Diners Club* Amex* *3% SURCHARGE APPLIES

Card Number Expires CCV

Name on Card Signature