

ELIGIBLE TERMINATION PAYMENT ORDER FORM

- For a self-managed superannuation fund ('SMSF') with 4 or fewer members. Please complete all details in block letters -

SECTION A: PERSON/ADVISOR ORDERING PAYMENT

PERSON ORDERING ETP				Signature			
Date document ordered		/ /		Your Ref.			
Firm name (if applicable)							
Street address							
Postal address, if different							
Phone		Fax		Email			

SECTION A (II): PAYMENT DETAILS

Enclosed is Payment for a ELIGIBLE TERMINATION PAYMENT only \$

Direct Deposit Visa Card Mastercard Cheque

Card Holder Name							
Credit Card Number		- - -					
Expiry Date		/ /		Authorised Card Signature			

*To pay by Direct Debit you must have a current a Direct Debit arrangement with Superannuation Support Pty Ltd.
If you would like to arrange for Direct Debit for future purchases please contact Superannuation Support Pty Ltd on 1300 762 663.

SECTION B: FUND DETAILS

FUND NAME							
Registered Address							
Tax File Number		- -		ABN		- - -	

SECTION B (I) TRUSTEE INFORMATION

Trustee 1 Name		Individual Trustee	<input type="checkbox"/>	Director of Corporate Trustee	<input type="checkbox"/>
Trustee 2 Name		Individual Trustee	<input type="checkbox"/>	Director of Corporate Trustee	<input type="checkbox"/>
Trustee 3 Name		Individual Trustee	<input type="checkbox"/>	Director of Corporate Trustee	<input type="checkbox"/>
Trustee 4 Name		Individual Trustee	<input type="checkbox"/>	Director of Corporate Trustee	<input type="checkbox"/>

Corporate Trustee Name (If applicable)		ACN	-	-
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IS SUPERANNUATION SUPPORT PTY LTD REQUIRED TO REGISTER THE FUND FOR PAYG WITHHOLDING?*

*Additional Charges Apply

YES NO

SECTION C: DETAILS OF MEMBER RECEIVING BENEFIT

MEMBER NAME			
Date of birth	/ /	Tax File Number	- -
Eligible Service Date	/ /		
Address			

SECTION D(i): ETP DETAILS

DATE OF PAYMENT	/ /	AMOUNT OF WITHDRAWAL (GROSS AMOUNT)	\$
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CONDITION OF RELEASE:

One of the following conditions of release must be met for a payment to be made:

<input type="checkbox"/>	I am 55 years of age or more and declare that I have ceased employment and do not intend to ever take up employment for more than ten hours per week.
<input type="checkbox"/>	I am 60 years of age or more and left my employer after my 60 th birthday.
<input type="checkbox"/>	I am 65 years of more.
<input type="checkbox"/>	I am permanently incapacitated.
<input type="checkbox"/>	I wish to access the unrestricted non-preserved portion of my benefit.
<input type="checkbox"/>	To comply with a Court Order or agreement as part of a family law property settlement. (Note: additional information will be required.)

COMPONENTS OF THE PAYMENT:

Please provide details of the components of the Members' balance that is to be paid:

Post 30/6/94 Invalidity Component	\$
CGT Exempt Component	\$
Concessional Component	\$
Undeducted Contributions	\$
Pre and Post	\$
TOTAL ETP	\$

IMPORTANT NOTES REGARDING ETP PAYMENTS:**ELIGIBLE SERVICE DATE**

A Members' Eligible Service Date is the earliest of the following events:

- Earliest date recorded as an eligible service date on a rollover made into the Members' current Super Fund;
- The date the member joined an employer who made contributions on behalf of the Member to a Super Fund;
- The date the Member joined the Current Super Fund.

WITHDRAWAL COMPONENTS

If the member is unsure of the nature of these components, they should seek professional advice to determine the ramifications of their selection.

CONDITION OF RELEASE

When selecting a condition of release please note that penalties apply to improper early access to superannuation benefits.