

REVERSIONARY PENSION ACCEPTANCE FORM

Tidswell Superannuation Fund

Please print clearly in the spaces provided using CAPITAL letters and a black or blue pen.

1. Pension Details

Member number

Member full name

Date of birth

Pension Type

Date of death

2. Reversionary Beneficiary Details

We will only collect, use and store your personal information for the purposes of administering your reversionary pension (the primary purpose) or a purpose related to the primary purpose, if this use would be reasonably expected by you, or otherwise, with your consent. If you do not provide this information we may not be able to provide these services.

Full name

Date of birth

Residential address

Suburb

State

Postcode

Relationship to member

3. Tax File Number (TFN)

Under the Superannuation Industry (Supervision) Act 1993, we are authorised to collect, use and disclose your TFN.

We may disclose your TFN to another superannuation (or pension provider), when your benefits are being transferred, unless you request for this not to occur.

Declining to quote your TFN is not an offence. However providing your TFN will ensure that other than the tax that may ordinarily apply, you will not pay more tax than you need to.

Tax File Number

I do not wish to disclose my Tax File Number

If you wish to provide your TFN, please complete a Tax File Number Declaration Form.

4. Nominated Bank Account

Please provide the details for the bank account you wish to receive the pension payments into:

<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Name of financial institution	BSB	Account number
<input type="text"/>		
Account name		

5. Declaration

I have attached a certified copy of my Identification Documents and my Marriage Certificate or evidentiary documentation of my interdependency relationship.

I have attached a completed Nomination of Beneficiaries form.

I have attached a completed Tax File Number Declaration form, or I do not wish to disclose my TFN and understand that I may pay extra tax as a result.

I declare that all details on this form are true and correct and agree to notify Tidswell Financial if any of these details change in the future.

I consent to the collection, storage and use of my personal information, to establish and operate my account in accordance with the Tidswell Financial privacy policy.

Signature

Full name

Date

How to contact us

Please return your completed Withdrawal Form to:

Post: Tidswell Financial
PO Box 3528
TINGALPA DC QLD 4173

Email: tidswell@ddhgraham.com.au

For all inquiries please contact us on 1300 796 079.

Your privacy

All information we collect about you is held by us in the strictest confidence and pursuant to our Privacy Policy. You may obtain a copy of our Privacy Policy on our website www.tidswell.com.au or by contacting our office.