



Return completed original form to
DIY Master Limited
PO Box 7540
GCMC QLD 9726

or email scanned originals to
powerwrap@diymaster.com.au

SMARTwrap Super Pension Rollover Request Form

IMPORTANT: Please use BLOCK letters and black ink when completing this form.
This form should be used if you would like to add further funds to an existing Pension Account from an existing Superannuation Account

1. Existing SMARTwrap Super Pension Account details

PENSION ACCOUNT NUMBER

P

MR/MRS/MS/MISS (mandatory)

SURNAME (mandatory)

GIVEN NAMES (mandatory)

2. Rollover from an existing SMARTwrap Super Account

SUPERANNUATION ACCOUNT NUMBER

S

EFFECTIVE DATE

Rollover partial amount to Pension Account

Transferring \$

(Note: You must leave the minimum required balance of \$1000 to keep the Superannuation Account open)

3. Variation to Pension Payment

Please nominate the gross annual pension amount the member wishes to receive (this may be subject to income tax) tick appropriate box

Minimum Payment

Maximum Payment (Transition to Retirement Pension only)

First Payment Date

Other Payment Amount \$

Frequency

Monthly

Quarterly

Half Yearly

Annually

4. Advisers Authority

I declare that all of the above details are correct

ADVISER TO SIGN HERE

DATED

How to complete the Rollover Request form

1. Current Pension Plan Member details

Complete this section in full for your existing Pension account details.

2. Current Superannuation Plan Member details

Funds from the member's existing Superannuation Plan account to be added to the existing Pension amount to start a new Pension.
Insert the date you want the rollover to be effective from.

3. Variation to Pension Payment Amount

Complete this section only if you wish to change the amount and date of your pension payment you wish the member to receive.

4. Declarations and Signature

Only the adviser needs to sign and date the Declaration before returning this form.