## **Request for Payment of Benefit**

This document is a pro forma document only. Professional advice should be obtained before signing this document.

If you are a Member of the Fund entitled to a benefit, you can request the Trustee (in writing) to pay the benefit to you. In your request, you may include the matters below, unless the Trustee otherwise decides and subject to the Superannuation Conditions (meaning the laws that apply to superannuation funds).

I,	
of	
a N	Member of the Fund
ele	ect and request the Trustee of the Fund to pay the following Benefit to me:
1.	Type of benefit:
	Lump Sum
	Account based Pensions
	Transition to Retirement Pension
2.	Date for payment of a lump sum or a proposed date of commencement of payment of a Benefit:  Note: subject to the Superannuation Conditions, you may request the deferral of the payment of any benefit under this Deed which is not a Preserved benefit until you request payment.
3.	Frequency of payment of periodical amounts, if any:
4.	Please pay me:
	Amount of lump sum: \$
	Pension based on my account balance as at
	based on the amount of \$

## 5. Reversionary Beneficiary:

	Names(s)	Date of Birth	Relationship to eligible recipient	Address		
I have not made a binding death benefit nomination						
	OR					
Binding death benefit nomination subject to entitlements above:  The entitlement of the Reversionary Beneficiary named above is paramount and any binding death benefit nomination does not alter that Reversionary Beneficiary's entitlement.						
OR						
Not applicable.						
1.6 Any other requests:						
Sign	ed:					
Date	d:					