

PENSION APPLICATION

FUND DETAILS

Name of Fund

J & M.A. ZIOLKOWSKI

MEMBER DETAILS

Surname

ZIOLKOWSKI

Given names

VICTOR

Date of Birth

15 / 12 / 1951

1. Have you satisfied a condition of release? **Yes**
2. Commencement date 30/06/2016
3. Pension payments are required to be paid monthly, quarterly, annual or ad hoc commencing 1 July 2016 (please circle)
4. Is the Pension Reversionary (please tick)?
☒ Yes (complete reversionary beneficiary details)
☐ No (skip to the member declaration)

REVERSIONARY BENEFICIARY

Surname

ZIOLKOWSKI

Given names

MERRILEE ANN

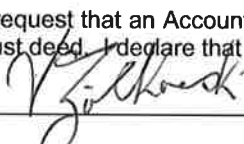
Date of Birth

14 / 12 / 1951

MEMBER DECLARATION

I hereby request that an Account Based Pension be commenced in accordance with my instruction above and the terms of the Fund's trust deed. I declare that the information provide on this form is complete and correct.

Signed



SIGN

Date 30/06/2016

NOTES

If you elect for the pension to be reversionary, your pension account will be automatically transferred to the nominated person upon your death.

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✓ & M.A. ZIOLKOWSKI

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