

PENSION NOMINATION VARIATION FORM

This nomination is for changes to your Pension Entitlement payments only and will apply to any pension payments going forward until the current instruction is replaced with another valid and effective nomination.

Plan Name

Member Number

1. PERSONAL DETAILS

Mr Ms Mrs Miss Dr

Given Names

Surname

Date of Birth

Residential Address

Suburb

State

Postcode

Email Address

2. PREVIOUS ENTITLEMENTS

Financial Year Ending

Minimum Required Payment

Maximum Required Payment

Nominated Amount

3. NEW NOMINATION

Financial Year Ending

Minimum Required Payment

Maximum Required Payment

Nominated Amount

4. FREQUENCY OF PAYMENT

I would like to receive my pension payments:

Monthly Quarterly Half Yearly Yearly

I would like my pension payments to commence on

15 / /

5. BANK ACCOUNT DETAILS

Please pay my pension payments into the following account:

IMPORTANT – To enable us to proceed with payments into this account please provide a copy of your bank statement showing the bank account you have nominated is held in your name or joint names.

Financial Institution

Account Name

BSB Number

Account Number

6. SIGNATURE

Sign here (Member)

Date

 / /

Sign here (Adviser)

Date

 / /