Change of Pension Details Form



Please complete this form if you wish to change details of an existing pension account.

Note: Only complete sections 2,3 or 4 if there is a change in details.

If you are updating bank details a copy of the requested bank statement or equivalent is required to be submitted with this form, see section 3 for information.

Section 1: Personal details (All fields are mandatory)

Surname:			Salutation:				
Given name(s):			Date of birth:				
Postal address:							
Suburb:		State:	Postcode:				
Telephone (BH):	(AH):		Mobile:				
Email:			Membership number:				
Section 2: Pension payment details							

I nominate pension payments to be:	Monthly	Quarterly	Half-yearly	/ Yearly	
I nominate pension payments* to be:	Minimum amount	Maximum amount	Actual amount: \$		pa

Effective from date:

*Pension payments must meet government standards. We reserve the right to adjust your nominated pension payment so that government standards are met. A maximum can only be specified for a Transition to Retirement Pension. From time to time, the minimum amount prescribed by law may change. For up to date information about the minimum, contact the Administrator on 1300 264 264 or go to www.acclaimwealth.com.au.

Section 3: Banking details

Please provide new banking details if you would like your cash payment deposited directly into a new account, otherwise we will continue to deposit funds to your current details.

Please note that the account must be held in your name or jointly in your name.

Please also supply with your application form a bank document that displays the name of the account holder, BSB and account number. This document must be on bank letterhead or a statement.

BSB:		Account number:						
Account name:		Bank/branch:						
Section 4: Nomination of reversionary pension								
Surname:	Given name:	Relationship:	Date of birth:					

Address:

Note: A nomination of reversionary pension is subject to government standards which prescribe who can continue to receive your pension in the event of your death. Restrictions apply to the payment of pensions to children aged 18 or more. See the Product Disclosure Statement (PDS) for more information.

Postcode:

Section 5: Member declaration

I make the following declarations and acknowledgements:

- I understand that I am bound by the provisions of the Fund's Trust Deed.
- I have read and agree to the terms of the relevant PDS that applies to my pension account.
- The information I have provided in this form is true and correct.
- I understand that the pension I selected may not provide me with pension payments for the rest of my life, and that payments will cease once my account balance reduces to zero.
- I understand that pension products are complex and that different taxation and social security implications may apply to my pension depending on my personal circumstances. I acknowledge that the Trustee cannot provide me with advice about this and that I should consult an appropriately qualified adviser for advice that relates to my personal circumstances.
- In relation to a pension commenced under transition to retirement rules, I understand that additional restrictions apply to such pensions.
- I acknowledge that I have read and understood the Privacy Policy described in the Additional Information Booklet.

Member signature:

Date:

Please return this completed form to Acclaim Wealth PO Box 3528, Tingalpa DC Qld 4173 or email to info@acclaimwealth.com.au. Phone: 1300 264 264 Fax: (07) 3899 729 Website: www.acclaimwealth.com.au

> We are committed to respecting the privacy of the personal information you give us. Our formal Privacy Statement sets out how we do this. If you would like a copy of Acclaim Wealth's Privacy Statement, please let us know. We have published our Privacy Statement on our website at <u>www.acclaimwealth.com.au</u>.