

Pension Variation Form

Purpose of this form

Use this form if you would like to amend your regular pension payments. You only need to complete the sections you would like to change. All other details will remain the same as currently recorded.

Fields marked with an asterisk (*) must be completed in order for us to action your request.

*A. Member details

Account number / (e.g. CPEN / 100000)

Given name(s)

Surname

Date of birth

Contact phone number

Email address

B. Payment frequency

Note: Pensions will be paid on or before the 15th of the month for all frequencies and on or before the last day of the month for twice-monthly.

Frequency

Twice monthly Monthly Quarterly Half yearly Yearly

Date of first payment

C. Pension payment amount

How much would you like to receive? Minimum Maximum (TTR only) Nominated

If maximum, do you wish to receive the full 10% in the first year? Yes No

If nominated, please advise amount per payment \$. Index to CPI? Yes No

D. Bank account details

We will use this account to make your pension payments to.

Name of account holder

BSB number

Account number

- Please tick this box if you direct us to pay your pension payments to a third party account as set out above. By ticking the box you acknowledge and accept that any amount paid into this account is treated as being made to you. Please provide certified identification for each account holder.

*E. Member declarations and signature

By signing this form, I:

- declare that all the details given in this form are true and correct;
- authorise my nominated pension entitlement to be paid directly to the account as detailed above;
- declare that, if signing under a power of attorney, I verify that, at the time of signing, I have not received notice of revocation of that power; and
- I declare I have read and consent to the collection, use and disclosure of my personal information as set out in the Information Handling Policy, available at clearview.com.au.

Signature of member

Date signed

Note: If signing under a power of attorney, please provide an original certified copy of the power of attorney document and the attorney's identification, if not previously provided.

Full name (print clearly in block letters)

Sending your form

Please send the form to us via your email address on file or mail.

Mailing address:

**ClearView Wealth
Reply Paid 4232
Sydney NSW 2001**

Email address:

client.wealth@clearview.com.au

If you have any questions or need help please call our Service Centre on **132 977**.