



# IOOF PURSUIT

7 August 2020

## Pension variation

Please complete these instructions in BLACK INK using CAPITAL LETTERS and ✓ boxes where provided.

### Step 1: Your personal details

Account number  -  -

Title (Dr/Mr/Mrs/Ms/Miss)  Surname

Given name(s)

Date of birth  /  /  Gender Male  Female

Mailing address

Suburb  State  Postcode

### Step 2: Payment amount

Please ensure you choose one option only.

Select the level of annual pension required.

Minimum limit

OR

Maximum limit (Transition to retirement pension only)

Full maximum

OR

Pro-rata maximum

OR

Fixed dollar amount **before tax** \$  pa

OR

Fixed dollar amount **after tax** \$  pa

OR

Amount per payment **before tax** \$  (paid on frequency of payment option chosen)

OR

Amount per payment **after tax** \$  (paid on frequency of payment option chosen)

### Step 3: Frequency of payment

Select the frequency of payment.

Twice-monthly  Monthly  Quarterly  Half-yearly  Annually

Please insert the date you wish your pension payment to commence:   /

## Step 4: Pension payment day

Select the pension payment date (not applicable for twice-monthly pension payments).

14th of the month

28th of the month

**Pension payments are made by the 14th or 28th day of the month, unless you have selected the twice-monthly option, whereby 24 payments per year will be payable by the 14th and 28th of each month.**

## Step 5: Automatic indexation of pension payment (if applicable)

**If you have elected to always receive the minimum or maximum annual pension amount, you cannot nominate to have your annual pension payments indexed each year.**

If you would like your annual pension amount to be automatically indexed each year (effective the following financial year) please specify as follows:

CPI

Other automatic increase

%

## Step 6: Member declaration

By signing below, I declare that:

- I have fully read this form and declare that the information completed is true and correct.
- I have fully read, understood and consent to the collection, use, storage and disclosure of my personal information as described in the relevant Product Disclosure Statement and in the IOOF Group Privacy Policy which is available on the IOOF web site [www.ioof.com.au](http://www.ioof.com.au).

Signature

Date



/



### Note for Power of Attorney

If this form is signed under a Power of Attorney, please enclose a certified copy of the Power of Attorney and an identification document with this form. For further information about document certification please refer to the 'Completing Proof of Identity' document on [www.ioof.com.au](http://www.ioof.com.au). If signed under Power of Attorney, the attorney certifies that he/she has not received notice of revocation of that power.

### Please sign and return this form to

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**Email** [clientfirst@ioof.com.au](mailto:clientfirst@ioof.com.au)

**Facsimile** 03 8614 4431

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