

ClearView WealthFoundations

Pension Variation Form

Please use this form if you would like to amend your pension payments (money out). 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.

Did you know that you can also change your pension payment details online?

A. Member details

*My account number / (e.g. CSUP / 100000)

*Title

Mr Mrs Ms Miss Dr Other

*Gender

Male Female

*Date of birth

*Given name(s)

*Surname

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

Please nominate month and for twice monthly payments nominate either 15th or end of month. Allow at least 3 business days for your request to be actioned.

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 total gross per payment \$.

*Index to CPI? Yes No (on 1 July)

D. Bank account details

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

Name of Australian financial institution

Name of account

BSB number

Account number

Please tick this box if you direct us to pay your unrestricted non-preserved pension payments to a third party account (i.e. one where you are not listed as an account owner). By ticking the box you acknowledge and accept that any amount paid into this account is treated as being made to you. If you have included third party account details, please complete an Identification form for each account owner which is available from your financial adviser.

E. Money Out Choice

Your Money Out Choice determines how your pension payments will be funded. If you do not nominate your choice here, your existing Money Out Choice will remain.

Money Out Choice Investment Pool OR Guaranteed Cash

F. 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; and
- 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.

Signature of member

Date

Member full name (print clearly in block letters)

Sending your form

Please send the form to us via email or mail.

Mailing address:

ClearView WealthFoundations
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**.