

Income Stream Payment Change Form

for Working Income Stream and Retirement Income Stream members

Who should use this form?

You should complete this form if you would like to change the income you are receiving from an ESSSuper Income Stream (i.e. Retirement Income Stream or a Working Income Stream.)

Please complete this form in pen using CAPITAL letters and mark with an [X] where applicable.

Section 1

Your personal details

Member number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Title

<input type="checkbox"/>	Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Other	(please specify)										
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Surname

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Given names

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date of birth

		/			/															
--	--	---	--	--	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Postal address

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Suburb

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

State

				Postcode																
--	--	--	--	----------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Mark with an [X] if your postal and residential address are the same. If your residential address is different, please specify below.

Residential address

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Suburb

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

State

				Postcode																
--	--	--	--	----------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Telephone (business hours)

()																	
---	--	--	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(after hours)

()																	
---	--	--	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Telephone (mobile)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Email address

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--



By providing your email address you are authorising ESSSuper to send communications including statement notifications to that address. This authorisation will apply until it is revoked by you.

Section 2

Payment options

I would like receive my pension payments: (select only one)

Fortnightly Monthly Quarterly Half Yearly Yearly

If you do not nominate the payment frequency, your payments will be made on a fortnightly basis.

I would like to receive: (select only one)

Minimum Pension Amount

OR

Maximum Pension Amount (available to Working Income Stream members only)

OR

A specific amount of \$, , . p.a.* Index income payments annually in line with CPI

I would like this amount paid: (select only one)

Before income tax is deducted

OR

After income tax is deducted

The above request is to commence:

The next available pension pay date

OR

From the / /

† Your new payment will commence from the next payment cycle closest to the date you have chosen.

* Working Income Stream payments cannot be greater than 10% of the account balance. To check how much you can receive, please refer to the *ESSSuper Income Stream Product Disclosure Statement*.

Section 3

Declaration and signature

I acknowledge and agree that:

- My pension will be paid in accordance with the frequency which I selected and that I may elect to switch between investment options on a monthly basis, if required.
- The pension amount nominated on this form may be pro-rated to allow for periods of less than one year.
- I have read and understand the *Income Stream Product Disclosure Statement* available from ESSSuper. I accept the statements relating to privacy (and in particular to the collection, use and disclosure of personal information by ESSSuper) appearing in that Product Disclosure Statement.
- I have considered obtaining independent financial advice in respect of my superannuation options and understand that any information provided by ESSSuper is of a general nature and does not constitute personal financial advice.
- I fully understand and accept the implications of the election I have made on this form and I declare that the information provided on this application is true and correct.

Signature

PLEASE SIGN HERE

Date

/ /

Please forward this completed form to

ESSSuper GPO Box 1974, Melbourne Vic 3001
T 1300 650 161 | esssuper.com.au

At ESSSuper, we treat the privacy and confidentiality of our members' personal information seriously. We are committed to complying with the guidelines of the *Privacy and Data Protection Act 2014* and the *Health Records Act 2001 (Vic)*. To obtain a copy of ESSSuper's privacy policy go to our website at esssuper.com.au