## IOOF Portfolio Services Superannuation Fund Pension Variation Form



Please complete these instructions in BLACK INK using CAPITAL LETTERS and  $\checkmark$  boxes where provided.

Step 1: Your persona	al details								
Account No.		M	-						
Title (Dr/Mr/Mrs/Ms/Miss)	Surname								
Given name(s)									
Mailing address									
Suburb					State	Postcode			
Date of birth	/ / /		Gender	Male	Female				
Step 2: Payment am	ount								
!	Pleas	e ensure you cho	ose ONE opti	ion only.					
Always receive Minimum  OR  Always receive Maximum  OR  Amount required per pay  OR  Amount required per fina	Pension (for Transition to Rement before tax:	etirement and Term	n Allocated pe	nsions <b>only</b> )					
* If you have already received Step 3: Frequency o		the current financi.	al year, no furti	her payment	s will be made.				
Twice-monthly Please insert the month you w	Monthly vish your pension payment to	Quarte		Half-	yearly Y	Annually			
! we	If you do not sele e will automatically comm					date.			
Step 4: Automatic Ir	ndexation of Pensio	n Payment (i	f applicable)						
If you have el	lected to always receive th to have your annual pe					annot nominate			
If you would like your annual p  CPI  OR  Other automatic increase		matically indexed e	each year (effec	ctive the follo	owing financial y	ear) please specify	as follows:		
Other addornatic mercase				, 0					

## Step 5: 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.

Signature	X	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 with this form. If signed under Power of Attorney, the attorney certifies that he/she has not received notice of revocation of that power.

Post to: IOOF Portfolio Service, Reply Paid 264, Melbourne, VIC 8060

Enquiries: 1800 062 963 Facsimile: 1800 558 539

Trustee: IOOF Investment Management Limited, ABN 53 006 695 021, AFS Licence No. 230524