



# Pension Variation Form for IOOF Pursuit

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

## Step 1: Your personal details

Account number       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 amount



Please ensure you choose ONE option only.

Always receive Minimum Pension

OR

Always receive Maximum Pension (for Transition to Retirement and Term Allocated Pensions **only**)

OR

Amount required per payment before tax: \$

OR

Amount required per financial year before tax: \$

## Step 3: Frequency of payment



Pension payments are made by the 28th day of each 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.

Twice-monthly  Monthly  Quarterly  Half-yearly  Annually

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

## Step 4: 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, please go to Step 5.

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

CPI

OR

Other automatic increase  %

## Step 5: Member declaration

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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 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:** Pursuit, Reply Paid 264, Melbourne VIC 3001  
**Enquiries:** 1800 062 963  
**Facsimile:** 1800 558 539  
**Trustee:** IOOF Investment Management Limited,  
ABN 53 006 695 021, AFS Licence No. 230524