Change your income payments

1800 005 166

info@caresuper.com.au

GPO Box 1547. Hobart TAS 7001

Use this form to change your payment amount, payment frequency or bank details.

If you have a Transition to Retirement (TTR) Income account or Flexible Income account, complete Sections 1, 2, 4, 5, 6 and 7.

If you have a Term Allocated Pension, complete Sections 1, 3, 4, 5, 6 and 7.

If you have a Managed Income account, you can't change your payment amount or payment frequency.

Important information

If you're changing your payment amount or frequency, we may need to adjust your payment amounts or pay you an extra payment to meet the minimum requirements for the financial year. A maximum payment also applies to TTR Income accounts and Term Allocated Pensions.

We need to receive your request at least three business days before the next scheduled payment date.

We'll generally update your income payments within three business days of receiving your request.

Once your change is processed, your current income payments will cease. You won't receive any payments until your new nominated

payment date.		., /				· · · / · · ·			-						 ,	P 7			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Section 1	Member number					Account number																		
Your personal details																								
	Date of birth (DD MM YYYY)																							
	Last name																							
	Given name(s)																							
	Residential address																							
	Suburb/Town/City																State Postcode							
Section 2	Compl	oto t	bic co	sction i	f vol	wan	+ + 0 /	cha	ngo	the.	nav	ım o	nt c	am oi	ınt f	orv	our	Elov	ibla I	ncon	20.0		unt	_
Section 2	or TTR																		ible i	ricori	ie u	CCO	unc	
Change your payment amount	How m	uch	do yo	ou wan	t to r	eceiv	ve? S	ele	ct o	ne o	pti	on.												
- Flexible Income and TTR Income accounts only	the minimum amount required.																							
,	an amount of \$ each payment, before tax. We may adjust the amount to satisfy the minimum and maximum requirements. Tax may be																							
	payable if you're under 60.																							
	the maximum amount (for TTR Income accounts only). The maximum payment amount you can receive from your TTR Income account is 10% of your 1 July account balance.																							





Section 3 Change your payment amount - Term Allocated Pensions only	Complete this section if you want to change your Term Allocated Pension payment. You can change your payment frequency in section 4. How much do you want to receive? Select one option. the minimum - 90% of your annual payment amount. the maximum - 110% of your annual payment amount. an amount of \$ each year, before tax. This amount must be between 90% and 110% of your annual pension amount. We may adjust the amount to fit within this range. Tax may be payable if you're under 60.													
Section 4	I want to receive my payments: Select one option.													
Your new payment fortnightly, paid every second Thursday.														
frequency	monthly, paid on the 20th of each month.													
	quarterly, paid on the 20th of every third month.													
	Month of next payment:													
	twice-yearly, paid on the 20th of every sixth month.													
	Month of next payment:													
	yearly, paid on the 20th of your chosen month:													
Section 5	I don't want to change my bank account details													
Your bank details	OR My new bank account details are: Provide details below.													
	Account holder's full name - e.g. Jane Smith. The account must be held solely or jointly in your name. Payments can't be made to business accounts or third parties.													
	BSB number Account number													





Section 6	Only complete this section if you're updating your bank account details.														
Provide proof	Please verify your identity by choosing option 1 or 2.														
of identity	Option 1 – I want to use electronic verification														
By completing this section, I authorise CareSuper to use my details held for the purpose of my identity. I understand that my details will be checked with the relevant official record h															
	through the use of third-party systems.														
	Important: Make sure that the details you provide below exactly match your documents. If the details vary, we won't be able to verify your identity electronically.														
	Provide details of any TWO of the following:														
	1. Australian driver's licence														
	Full name as appears on my driver's licence														
	My Australian driver's licence number State of issue Expiry date (DD MM YYYY)														
	Card issue number														
	2. Medicare card														
	Full name as appears on my Medicare card														
	My Medicare number Valid to (MM YYYY)														
	Colour of card														
	Green Yellow Blue Your reference number on this card is														
	Green renow blue rour reference number on this curd is														
	3. Australian passport														
	Full name as appears on my passport														
	My Australian passport number														
	Option 2 – I want to use paper-based verification														
	I've provided certified proof of identity with this form. Read our <i>Guide to providing proof of ID</i> fact sheet for more details.														
	I authorise CareSuper to use my personal details for the purpose of confirming my identity if the paper copies of my certified identification documents are incorrectly certified, scanned or unable to be read. I understand that my details will be checked with the relevant official														





record holder through the use of third-party systems.

Section 7

Member declaration

By signing this form I'm making the following statements:

- To the best of my knowledge, the information I've provided is true and correct.
- I understand that CareSuper will update my income payments within three business days of receiving my completed request, and that I won't receive payments until my new nominated payment date.
- I understand that if I have a income payment due within the next three business days, then I won't receive that payment. I'll receive the next payment on my new nominated payment date.
- I understand that CareSuper may adjust my payment amounts, or pay me an extra amount, in order to meet the minimum and maximum requirements.
- I consent to the use of my personal information as outlined in CareSuper's *Privacy policy* available at <u>caresuper.com.au/privacy-policy</u> or by calling us on **1800 005 166**.
- I request and consent to the payment of my benefits as described above, and authorise CareSuper to determine the tax treatment of my benefit.

Your signature	Date (DD MM YYYY)





Return the completed, signed and dated form via:

- upload using the Contact Us portal in Member Online
- email to info@caresuper.com.au
- mail to CareSuper, GPO Box 1547, Hobart TAS 7001