

Change your income payments

1800 005 166
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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.

Section 1

Your personal details

Member number

Account number

Date of birth (DD MM YYYY)

Last name

Given name(s)

Residential address

Suburb/Town/City

State

Postcode

Section 2

Change your payment amount - Flexible Income and TTR Income accounts only

Complete this section if you want to change the payment amount for your Flexible Income account or TTR Income account. You can change your payment frequency in section 4.

How much do you want to receive? Select one option.

☐

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

Your new payment frequency

I want to receive my payments: Select one option.

☐ fortnightly, paid every second Thursday.

☐ 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

Your bank details

☐ I don't want to change my bank account 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

Provide proof of identity

Please verify your identity by choosing option 1 or 2.

Provide details of any TWO of the following:

[illegible][illegible]

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[illegible][illegible]

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Your reference number on this card is

[illegible]

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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 caresuper.com.au/privacy-policy 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)

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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