

Variation of pension details

Complete this form if you are a pension member and wish to change your contact information or pension payment details.



Return this completed form by:

EMAIL

info@maritimesuper.com.au

FAX

(02) 9261 3683

POST

Maritime Super
Locked Bag 2001
QVB Post Office NSW 1230

Your personal details

Member Number Surname Given names

Date of birth / /

Update your contact details

Previous residential address

New residential address

New postal address (if different from above)

New daytime phone number/mobile number **New email address**

Change your payment details

Pay my pension into my bank account as follows (NO THIRD PARTIES):

BSB

Account number

Accountholder name/s



In order to verify your bank details for payment, we request that you provide a photocopy of a bank statement that shows your account name and number (this is only required if you have not previously provided a copy of your bank account statement or if your banking details have changed).

Change your pension details

I wish to receive the following pension amount

Periodic payment of \$ tick if this is net of tax

OR

Reduced Government minimum payment for 2021/22 (OPTIONAL)

OR

Minimum payment

OR

Maximum payment

What is your preferred payment frequency?

monthly quarterly half-yearly annually

Starting on the 15th day of (month)

Member's declaration

I request the above changes to my pension. I understand that these changes must be received and accepted by the Trustee before they will take effect.

Signature

Date / /