

## 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