

# Lifetime pension declaration



## About this form

We issue this form annually to every Equip Super lifetime pension member to ensure we have your current and up to date personal information. Your pension payments may be withheld if you do not complete and return this form to Equip Super within 28 days of receipt.

## 1 – Your member details

Please complete in pen using CAPITAL letters

Member number

Title

Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other ☐

Sex

Male ☐ Female ☐

Date of birth (ddmmyyyy)

First name

Last name

Postal address (must be provided)

Suburb

State

Postcode

Country (if not Australia)

Business hours phone

After hours phone

Mobile

Email

### Marital Status

☐ Single ☐ Married ☐ Widowed ☐ De facto ☐ Remarried

### Spouse/partner details

Title

Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other ☐

Date of birth (ddmmyyyy)

First name

Last name

## Privacy

The personal information you provide on this form will be used in accordance with Togethr Trustee's Privacy Statement, which you can view online at [equipsuper.com.au/privacy](http://equipsuper.com.au/privacy) or you can obtain a copy by contacting us on **1800 682 626**.

Togethr Trustee's Privacy Collection Statement details how we deal with your personal information and who you can talk to if you wish to access and seek correction of the information we hold about you. It includes details on how we collect, disclose and manage your personal information, including other entities and offshore locations that may receive or provide your information.

Our administrator, Mercer Outsourcing (Australia) Pty Ltd (Mercer), will also handle your personal information. You can view Mercer's Privacy Policy online at [mercer.com.au/privacy](http://mercer.com.au/privacy)

If you have any other queries in relation to privacy issues, you can contact us or write to our Privacy Officer, GPO Box 4303, Melbourne VIC 3001.

## Need help?



1800 682 626



[equipsuper.com.au](http://equipsuper.com.au)



Equip Super, GPO Box 4303, Melbourne VIC 3001



## 2 – Sign the form

Please complete this part in the presence of a witness (see Step 3 below):

I confirm that the information shown in Step 1 of this form is complete and correct.

Signature of pensioner

Date (ddmmyyyy)

OR

### Person signing under Power of Attorney

If a current and valid Power of Attorney has been issued for the pensioner, the person named as holding the Power of Attorney is able to sign this form on behalf of the pensioner. The declaration must still be witnessed.

I confirm that the information shown in Step 1 of this form is complete and correct.

Signature of Power of Attorney

Date (ddmmyyyy)

Power of Attorney first name

Power of Attorney last name

Daytime phone

Mobile

Email

☐ Please attach a copy of the Power of Attorney if Equip Super hasn't already been provided with a copy.

## 3 – Witness declaration

Please note that the person asked to witness this form must not be related to the pension member and must be over the age of 18. You can ask a non-relative who has known you for longer than 2 years, a member of a professional body (such as an accountant, solicitor, doctor, nurse, teacher, pharmacist), or any person who is authorised to witness Statutory Declarations.

**As the witness, I declare that this form has been signed by the member or their Power of Attorney in my presence.**

Signature of witness

Date (ddmmyyyy)

Witness first name

Witness last name

Daytime phone

Mobile

Email

Please return your completed form to Equip Super, GPO Box 4303, Melbourne VIC 3001

### Need help?



1800 682 626



[equipsuper.com.au](http://equipsuper.com.au)



Equip Super, GPO Box 4303, Melbourne VIC 3001

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as trustee for Equipsuper ABN 33 813 823 017 USI 33 813 823 017 000

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