# 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 Sex Date of birth (ddmmyyyy) Mr Ms Miss Other Male Female 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 Widowed Defacto Remarried Married Spouse/partner details Title Date of birth (ddmmyyyy) Mrs Ms Miss Other Mr First name Last name

### **Privacy**

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

Together 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.

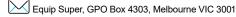
Our administrator, Mercer Outsourcing (Australia) Pty Ltd (Mercer), will also handle your personal information. You can view Mercer's Privacy Policy online at **mercer.com.au/privacy** 

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?









## 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	e and correct.
Signature of pensioner	Date (ddmmyyyy)
X	
OR	
Person signing under Power of Attorney	
If a current and valid Power of Attorney has been issued for the pension this form on behalf of the pensioner. The declaration must still be	· · · · · · · · · · · · · · · · · · ·
I confirm that the information shown in Step 1 of this form is complete	e and correct.
Signature of Power of Attorney	Date (ddmmyyyy)
X	
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 has  3 – Witness declaration	n't already been provided with a copy.
Please note that the person asked to witness this form must not be re	elated 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 mer nurse, teacher, pharmacist), or any person who is authorised to witne	
As the witness, I declare that this form has been signed by the r	
As the withess, I declare that this form has been signed by the i	nember of their rower of Attorney in my presence.
Signature of witness	Date (ddmmyyyy)
V	
^	
Witness first name	Witness last name
Daytime phone Mobile	
Email	
Please return your completed form to Equip Super, GPO Box 43	03, Melbourne VIC 3001

Need help?



