

# Lifetime pension benefit payment



## About this form

Your quote contains important information about the options available to you, so please refer to it to help you complete this form. Your quote will also show if you have an additional benefit that can only be taken as a lump sum. Any additional benefit will generally be the current balance of your additional account less any family law or surcharge account (if applicable).

Your options are: (tick a box)

Take your entire benefit as a pension ONLY

You can elect to receive a pension. If you are not immediately eligible to receive your pension under Preservation Rules, your pension will be deferred. Please complete and return this form to provide us with your pension instructions.

If you have an additional benefit that can only be paid as a lump sum, please complete and return the accompanying *Benefit payment application* form to provide instructions for that amount.

Take your entire benefit as a lump sum amount ONLY

You can elect to convert your pension benefit to a lump sum amount plus investment earnings to the date of payment. To do this, please complete and return only the accompanying *Benefit payment application* form.

Take your benefit as part pension and part lump sum (if available)

If available to you, you can elect to take your benefit as part pension and part lump sum. If you are not immediately eligible to receive your pension under Preservation Rules, your pension will be deferred. You will need to complete and return this form to provide us with your pension instructions AND the accompanying *Benefit payment application* form for your lump sum payment instructions.

## 1 – Your member details

Please complete in pen using CAPITAL letters

Title Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Sex Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of birth (ddmmyyyy) <input type="text"/>	Member number <input type="text"/>
First name <input type="text"/>	Last name <input type="text"/>		
Residential address (must be provided) <input type="text"/>			
Suburb <input type="text"/>			
State <input type="text"/>	Postcode <input type="text"/>	Country (if not Australia) <input type="text"/>	
Postal address (if different from Residential address) <input type="text"/>			
Suburb <input type="text"/>			
State <input type="text"/>	Postcode <input type="text"/>	Country <input type="text"/>	
Business hours phone <input type="text"/>	After hours phone <input type="text"/>	Mobile <input type="text"/>	
Email <input type="text"/>			

## Need help?

Call us on 1800 682 626 or [www.equipsuper.com.au](http://www.equipsuper.com.au) Equip, GPO Box 4303, Melbourne VIC 3001

Issued by Togethr Trustees Pty Ltd ABN 64 006 964 049 AFSL 246383 as trustee for Equipsuper Superannuation Fund ABN 33 813 823 017 USI 33 813 823 017 000

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## 2 – Pension payment instructions

### I would like to receive

- an annual pension of the maximum amount permitted
- an annual pension of \$  ,  .  with the remaining benefit paid as a lump sum.

### Please pay my pension to my nominated account as follows:

Name of bank, building society or credit union <input type="text"/>	BSB <input type="text"/>
Your account name (must be a personal account held solely or jointly in your name) <input type="text"/>	Account number <input type="text"/>

Please provide a copy of your bank statement showing the account name, BSB and account number. If required, Equip may seek further evidence prior to payments commencing.

## 3 – Reversionary spouse details

Please complete the details for your reversionary spouse. In the event of your death, your pension may be payable to your reversionary spouse under the Fund Rules.

Title Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="text"/>	Sex Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of birth (ddmmyyy) <input type="text"/>	Marital status <input type="checkbox"/> Married <input type="checkbox"/> Defacto
First name <input type="text"/>	Last name <input type="text"/>		
Postal address <input type="text"/>			
Suburb <input type="text"/>			
State <input type="text"/>	Postcode <input type="text"/>	Country (if not Australia) <input type="text"/>	
Daytime phone <input type="text"/>	Mobile <input type="text"/>		
Email <input type="text"/>			

## Privacy

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

We collect, use and disclose personal information about you in order to manage your superannuation benefits and give you information about your super. We may also use it to supply you with information about the other products and services offered by us and our related companies. If you do not wish to receive marketing material, please contact us on 1800 682 626. You can also manage your communication preferences via Equip's secure website or by following any instructions in the emails we may send you.

Equip's Privacy 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, will also handle your personal information. You can view Mercer's Privacy Policy online at [www.mercer.com.au/privacy.html](http://www.mercer.com.au/privacy.html).

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.

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## 4 – Proof of identity

Please find below a list of documents that you can use to prove your identity. Any documents you provide **must** be certified as true copies by a person authorised to certify documents. Read on for further information or see our full proof of identity information online at [www.equipsuper.com.au/identity](http://www.equipsuper.com.au/identity). Equip reserves the right to request further identification documents.

- A certified copy of **ONE** of the following documents **ONLY**:
- Current driver's licence issued under State/Territory law
  - Passport

OR

- A certified copy of **ONE** of the following documents:
- Birth certificate or extract
  - Citizenship certificate issued by the Commonwealth
  - Pension card issued by Centrelink that entitles the person to financial benefits
- AND** a certified copy of **ONE** of the following documents:
- 
- Letter from Centrelink regarding a Government assistance payment
  - Notice issued by a Commonwealth, State or Territory Government or local council within the past twelve months that contains your name and residential address. For example, an ATO Notice of Assessment or a Rates Notice from your local council

## Change of name

If you have changed your name, you must provide a certified copy of the relevant name change document, for example, a marriage certificate, deed poll, decree nisi/divorce order or change of name certificate issued by the Births, Deaths and Marriages Registration office.

## Make sure your documents are correctly certified

All copied pages of ORIGINAL supporting documents or proof of identity documents need to be certified as true copies by an individual approved to do so.

### They must:

- Sight the original and the copy and make sure both documents are identical, then
- Make sure all pages have been certified as true copies by writing or stamping 'certified true copy', then
- Sign, print their name, qualification (eg Justice of the Peace, Australia Post employee etc) and date

Common people used to certify proof of identity documents:

- Pharmacist
- Justice of the Peace
- Notary Public
- Medical practitioner or nurse
- Police officer
- Accountant (CA/CPA)
- Legal practitioner
- Financial planner (Officer with, or Authorised Representative of an Australian Financial Services Licensee) (with two years' experience)
- Full time teacher (school or tertiary)
- Bank/credit union/building society officer (with two years' experience)
- Permanent employee of a Commonwealth, State/Territory or local government (with two years' service)

## 7 – Sign the form

### By signing this form I:

- acknowledge I have read and understood this form.
- acknowledge I have received the information I require to make the choices I have made.
- authorise Equip to process my payment request as instructed on this form.

Signature

Date (ddmmyyyy)

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

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