

Lifetime pension declaration



About this form

We issue this form annually to every Equip 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 within 28 days of receipt.

1 – Your member details

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"/> <input type="checkbox"/>	Sex Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of birth (ddmmyyy) <input type="text"/>	Member number <input type="text"/>
First name <input type="text"/>	Last name <input type="text"/>	Postal 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"/>	
Business hours phone <input type="text"/>	After hours phone <input type="text"/>	Mobile <input type="text"/>	
Email <input type="text"/>			
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Defacto <input type="checkbox"/> Remarried			

Spouse/partner details

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"/> <input type="checkbox"/>	Date of birth (ddmmyyy) <input type="text"/>
First name <input type="text"/>	Last name <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 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.

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?

☎ Call us on 1800 682 626 or 🌐 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 – 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 section A 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 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, GPO Box 4303, Melbourne VIC 3001

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