



wa super

Retirement Solutions - Change in income payments and/or bank account details

Complete this form in pen using CAPITAL letters. Where applicable complete boxes with an X

SECTION 1 - YOUR PERSONAL DETAILS

Client number

Last name

Mr

☐

Mrs

☐

Miss

☐

Ms

☐

Dr

☐

First name/s

Male

☐

Female

☐

Date of birth (DD/MM/YYYY)

Postal address

Suburb/town

State

Postcode

Street address (if different to postal address)

Suburb/town

State

Postcode

Home phone

Day time phone

Mobile

Email

SECTION 2 - PAYMENT AMOUNT AND FREQUENCY

You need to tell us how much you would like to withdraw each year. You can draw the minimum, the maximum (only applies to Transitional Income Streams) or you can specify a particular amount. You may choose to receive it monthly or as one annual payment.

a) How frequently would you like your payment paid?

☐ Monthly

OR

☐ Annually (i.e. one payment)

b) Payments are made on or before the 15th of each month. What month would you like your payments to start?

M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

c) Choose one payment amount below

☐ Minimum amount per annum (as specified by the Government, including any temporary changes)

OR

☐ Maximum amount per annum (only applies to Transitional Income Streams, refer to page 3 of the PDS for details)

OR

☐ Specific amount \$ per month OR \$ per annum.

SECTION 3 - ACCOUNT DETAILS

a) Would you like the change of income payments and/or bank details to apply to ALL of your income stream accounts?

☐ Yes, apply to ALL of my income stream accounts. ☐ No. Apply to account number:

SECTION 4 - CHANGE OF BANK ACCOUNT

a) Do you want to change the bank account where your income payments are deposited?

☐ Yes - fill in your details below. ☐ No (go to section 5)

Name of bank, building society or credit union

Name of account (account must be in your name or if a joint account, you must be one of the account holders)

BSB

Account number

You MUST also provide a copy of your bank statement which clearly shows the BSB, Account number and Account holders name.

☐ Mark this box if you have provided a bank statement showing the required items. If not provided, your payments will be delayed.



SECTION 5 - CERTIFIED IDENTIFICATION

You **MUST** supply certified copies of your identification. If you don't, your payment will be delayed. See the "Proof of identity" Information Sheet for details on what identification documents you can use.

Mark the box to indicate who will certify your identification. If you don't supply correctly certified ID, your payment will be delayed.

- ☐ a person enrolled on the roll of a State or Territory Supreme Court or the High Court of Australia as a legal practitioner
- ☐ a judge of a court
- ☐ a magistrate
- ☐ a Chief Executive Officer of a Commonwealth court
- ☐ a registrar or deputy registrar of a court
- ☐ a justice of the peace
- ☐ a notary public officer
- ☐ a police officer
- ☐ an agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
- ☐ a permanent employee of the Australian Postal Corporation with two or more years of continuous service
- ☐ an Australian consular officer or an Australian diplomatic officer
- ☐ an officer with two or more years of continuous service with one or more financial institutions
- ☐ a finance company officer with two or more years of continuous service (with one or more finance companies)
- ☐ an officer with, or authorised representative of, a holder of an AFSL, having two or more years continuous service with one or more licensees
- ☐ a permanent employee of the Commonwealth with two or more years continuous service
- ☐ a permanent employee of the State or Territory, or State and Territory authority with two or more years continuous service
- ☐ a permanent employee of a local government authority with two or more years of continuous service
- ☐ a member of the Institute of Chartered Accountants in Australia, CPA Australia, or the National Institute of Accountants, with two or more years continuous membership.

SECTION 6 - YOUR PRIVACY

Your privacy is important to us. Details on how your personal information is collected, managed and used is contained in our Privacy Policy and is available at www.wasuper.com.au/privacy/.

SECTION 7 - ACKNOWLEDGEMENT AND DECLARATION

- I acknowledge that in completing and signing this form that any previous bank account detail and income payment details will be overridden by the new details on this form.
- I have attached my certified personal identification requirements that need to be met when submitting this form.
- I have read and understood the Fund's Privacy Statement outlined in the Product Disclosure Statement.
- I have read and understood the Fund's Product Disclosure Statement. In signing this form I acknowledge that I will continue to be bound by the Trust Deed and Rules in all respects.

Signature

Date