

Pension Payment Request Form



Please complete if you wish to request a one-off pension payment.

Section 1: PERSONAL DETAILS (All fields are mandatory)

Membership Number:	<input type="text"/>		
Surname:	<input type="text"/>	Salutation:	<input type="text"/>
Given Name(s):	<input type="text"/>	Date of Birth:	<input type="text"/>
Postal Address:	<input type="text"/>		
Suburb:	<input type="text"/>	State:	<input type="text"/>
		Postcode:	<input type="text"/>
Email:	<input type="text"/>		

Section 2: PAYMENT INSTRUCTIONS

I would like to withdraw \$

☐ This is a one-off payment and should not be included in my nominated annual pension amount.

☐ This payment is to be included in my nominated annual pension amount.

Section 3: AUTHORISATION

Either the adviser or member can sign this form.

If adviser is signing this form, the following declarations and acknowledgements apply:

- I declare that all transaction and directions given to the Trustee will only be made after prior consent of the member.
- I hold an Australian Financial Services License (AFSL), or I am authorised through a holder of a current AFSL.
- I confirm that my license or authorisation enables me to deal in and advise on the Fund.
- I confirm the member has provided authorisation, via their Pension Application Form or Adviser Nomination Form, for me to provide instruction in relation to their Freedom of Choice account.
- I declare that all information provided by myself in this form is true and correct.
- I indemnify the Trustee against all losses, actions, liabilities, claims and expenses in relation to acting upon the directions, instructions, requests and communications given by me.

If member is signing this form, the following declarations and acknowledgements apply:

- I understand that I am bound by the provisions of the Freedom of Choice Trust Deed.
- I have read and agree to the terms of the relevant Product Disclosure Statement and Reference Guide.
- The information I have provided in this form is true and correct.
- I understand that the pension I selected may not provide me with pension payments for the rest of my life, and that payments will cease once my account balance reduces to zero.
- I understand that pension products are complex and that different taxation and social security implications may apply to my pension depending on my personal circumstances. I acknowledge that the Trustee cannot provide me with advice about this and that I should consult an appropriately qualified adviser for advice that relates to my personal circumstances.
- In relation to a pension commenced under transition to retirement rules, I understand that additional restrictions apply to such pensions.
- I acknowledge that I have read and understood the Privacy Policy described in the Reference Guide.

Signature:	<input type="text"/>	Date:	<input type="text"/>
Name:	<input type="text"/>		

Please return this completed form to Freedom of Choice PO Box 3528, Tingalpa DC Qld 4173 or email to enquiries@freedomofchoice.com.au

Phone: 1800 806 013 Fax: (07) 3899 7299 Website: www.freedomofchoice.com.au

We are committed to respecting the privacy of the personal information you give us.

Our formal Privacy Statement sets out how we do this. If you would like a copy of the Freedom of Choice Privacy Statement, please let us know. We have published our Privacy Statement on our website at www.freedomofchoice.com.au.

FoC, a division of AMG Super

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Phone: 1800 806 013 | Fax: 07 3899 7299 | Email: enquiries@freedomofchoice.com.au

Equity Trustees Superannuation Limited

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