

Form 6

Change of Pension Payment Details

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Form 6

The Trustee

will only accept this form if it is correctly and fully completed.

Any questions, call
Member Services 1300 131 227

1. Member details

Member number/s

Full name

Email address

Date of birth
[dd/mm/yy]

2. Payment details

I would like to receive my next pension payment on

date [mm/yy]

I would like to receive my payments

Monthly

Quarterly

Half Yearly

Annually

I would like to be paid [select one only]:

the minimum allowed amount

an amount of

\$

per payment [subject to the required minimum/maximum]

the maximum allowed amount [applies to Transition to Retirement only]

3. Change of bank account details

Name of financial institution

BSB

Name of account

Account number

3. Declaration

I declare that the information I have given above is true and correct and agree to notify the Trustee if any of these details change in the future.

Member's signature

Date [dd/mm/yy]

When complete

email and post this form:

info@aesf.com.au

AESF
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