Pension
Change of details

SMART pension

Please use BLOCK letters and black ink when completing this form.
This notification will be invalid if the Declaration is not signed and dated.

Current membership details

Mr/Mrs/Ms/Miss/Dr/Rev

Surname

Given Names

Date of Birth D D M M Y Y Y Y

SMARTpension Number

New contact details

I would like to change my contact details to the following

Postal address

Suburb/Town

State

Postcode

Telephone (Home)

Mobile*

Email address*

Change of payment details

Payment frequency (in arrears)

TICK ONE BOX ONLY ☐ twice monthly ☐ monthly ☐ quarterly ☐ half-yearly ☐ yearly

Note: Payments are paid on the 15th of each month (in arrears)
Twice monthly payments are paid on the 15th & 28th of each month (in arrears)

Regular income payment TICK ONE BOX ONLY

☐ the minimum amount p.a. allowed under legislative guidelines

☐ the maximum amount p.a. allowed under legislative guidelines (for Transition to Retirement pensions only)

☐ a nominated amount p.a. (subject to min/max guidelines): $, .

* providing your mobile and/or email address means you are willing to receive important information about your SMARTpension account and other benefits and services by SMS or email.

Change of Bank Account details

I would like to change my bank account details to the following

Name of Bank, Building Society or Credit Union

BSB Number – Account Number

Account Name

Important Note

Changes to your payment or bank account details must be received at least 10 business days prior to the next pension payment date to take effect. Any requests received after that will take effect from the subsequent pension payment date.

Privacy

The information requested on this form is required in order to administer your membership. It may also be provided to specific organisations to provide services to you on our behalf. Your personal information will not be used or disclosed for any other purpose without your consent. If you do not provide the information requested, SMARTpension may not be able to administer your account. You may have access to the information SMARTpension holds about you. If you would like a copy of our Privacy Statement, please visit our website or call 1300 366 508.

Declaration

By signing this form, I agree to:

- updating my membership details with the information on this form, and
- having provided correct and complete information on this form.

Signature of member

Date D D M M Y Y Y Y

For further information

Phone 1300 366 508
Fax 1300 665 403
pensions_team@aas.com.au
www.smartpension.com.au

Please return this form to

SMARTpension
Locked Bag 5042
Parramatta NSW 2124