

PENSION PAYMENT AMENDMENT FORM

Tidswell Master Superannuation Plan

Please print clearly in the spaces provided using CAPITAL letters and a black or blue pen. Place a tick in any applicable boxes.

1. Account Details

/

Participant number / member number

Title

Surname

Given name(s)

Date of birth (DD/MM/YYYY)

2. Pension Payment

REGULAR PENSION PAYMENTS

Current Payment Details

\$ OR Min Max

Amount

Monthly Annually

Frequency

Month (if Annually)

No change to regular pension payment

New Payment Details

\$ OR Min Max

Amount

Monthly Annually

Frequency

Month (if Annually)

Date to begin from

ONE-OFF ADDITIONAL PENSION PAYMENT

\$ OR Please pay as soon as possible

Amount

Payment date

3. Nominated bank account

Pay to my previously nominated bank account Update my nominated bank account as per the below details

Name of financial institution

-

BSB

Account number

Account name

4. Declaration

Full name

Date

If you require any assistance, please contact your Financial Adviser or Tidswell Financial on (08) 8223 1676.

Please return your completed Pension Payment Amendment Form to:

Post: Tidswell Financial
50 Hindmarsh Square
ADELAIDE SA 5000

Email: mail@tidswell.com.au

Your privacy

All information we collect about you is held by us in the strictest confidence and pursuant to our Privacy Policy. You may obtain a copy of our Privacy Policy on our website www.tidswell.com.au or by contacting our office.