

# Australian Expatriate Superannuation Fund

## Change of Pension Payment Details

Form **6**

### The Trustee

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

Any questions, call  
Member Services 1300 323 489

### When complete

email or post this form:

[australia@ivcm.com](mailto:australia@ivcm.com)

**IVCM (Aust) Pty Ltd**

PO Box 7403  
Baulkham Hills  
NSW, 2153

### 1. Member details

Member number/s

Full name

Date of birth [dd/mm/yy]

Email address

### 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

### 4. 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]

Issued by the Trustee  
Tidswell Financial Services Ltd  
ABN 55 010 810 607  
AFSL 237628  
RSE Licence L0000888