## REQUEST TO VARY YOUR INCOME STREAM PAYMENTS

Use this form to vary your income stream payments for NGS Income account and NGS Transition to Retirement account.

Please send your completed form to:

NGS Super GPO Box 4303 MELBOURNE VIC 3001

or via email to ngsadminteam@mercer.com

## If you need help

If you're unsure of your decision, consider obtaining professional advice. We offer:

- · advice at no extra cost through our advice Helpline, and
- · low-cost advice through NGS Financial Planning.

To make an appointment phone us on 1300 133 177 or complete the *Financial planning enquiry form* on our website at ngssuper.com.au/financial-planning

<b>Step 1.</b> Complete your personal details	Please print in black or blue pen, in uppercase, one character per box.
NGS Member number  Title Date of birth	Account type: (select one option only   Income account  Transition to Retirement account
Given names	
Surname	
Residential address (must be provided)	
Suburb	State Postcode
Postal address (if different to above)	
Suburb	State Postcode
Daytime telephone	
Personal email	

 $Issued\ by\ NGS\ Super\ Pty\ Limited\ ABN\ 46\ 003\ 491\ 487\ AFSL\ No\ 233154\ the\ trustee\ of\ NGS\ Super\ ABN\ 73\ 549\ 180\ 515$ 



1.1 wish to alter my income payments as follows: (tick one box only ⊘)  □ Change my pension payment amount for the remainder of the financial year  The norminated payment amount for the complete financial year  The pension payment amount (as selected below) will be a pro-rate amount from the date norminated by you or the date the change is made by us.  □ Change my pension payment amount (as selected below) will reflect the total amount to be paid for the current financial year. Payments you base already received this financial year will be taken into consideration in calculating your payments for the rost of the financial year.  □ Cases payments will the next financial year as I have met the minimum required payments for this financial year. Payments will restort at the first norminated day after the next 1 July on your current payment frequency and amount, unless you also norminate a change below.  2. I wish for my next payment to occur:  MM/YYY  3. I elect for my frequency of payments from the date above to be: (tick one box only ⊘) Your payment will be paid on the fifteenth of the mornh with the exception of foreightly payments.  3. I elect for my frequency of payments from the date above to be: (tick one box only ⊘) Your payment will be paid on the fifteenth of the mornh with the exception of foreightly payments.  4. I wish for my nominated payment to be as follows: (tick one box only ⊘)  Please refer to page 9 of our fincome account guide and Transition to Retirement guide for payment limits.  ○ Mainternal amount permitted for 2019/20 and 2012/201 this will be the 50% reduction on the legislated minimum rates).  ○ Mainternal amount permitted for 2019/20 and 2012/201 this will be the 50% reduction on the legislated minimum rates).  ○ Mainternal amount permitted for 2019/20 and 2012/201 this will be the 50% reduction on the legislated minimum rates).  ○ Mainternal amount as abject to do minimum payment amounts permitted, flyour as a lift remote your minimated amount is also subject to a minimum rate of the	Step 2. I Tovide new payment instructions
The nominated payment amount (as selected below) will be a pro-rate amount from the date nominated by you or the date the change is made by us.  Change my pension payment amount for the complete financial year. This nominated payment amount is selected below will reflect the total amount to be paid for the current financial year. Payments you have already received this financial year will be taken into consideration in calculating your payments for the rest of the financial year.  Cease payments until the next financial year as I have met the minimum required payments for this financial year. Payments will restrat at the first nominated day after the next 1 July on your current payment frequency and amount, unless you also nominate a change below.  2. I wish for my next payment to occur:  MMYYYYY  3. I elect for my frequency of payments from the date above to be: (tick one box only ②) Your payment will be paid on the lifteenth of the month (with the exception of fortnightly payments).  Ferrnightly Monthly Quarterly Six monthly Annually  4. I wish for my nominated payment to be as follows: (tick one box only ②) Pour payment will be paid on the lifteenth of the month (with the exception of fortnightly payments).  Minimum amount permitted (for 2019/20 and 20/0/21 this will be the 50% reduction on the legislated minimum rates).  Maximum amount permitted (for 2019/20 and 20/0/21 this will be the 50% reduction on the legislated minimum rates).  Nominated mount of S.  Nominated mount of S.  Nominated organic sole be to the minimum payment amounts permitted, if you have an existing amual increase of your nominated payment, this will now be based on the new payment amount activate above.  Step 3. Optional annual increase to your nominated payment increase to apply from next 1 July as follows (tick one box only ②)  The annual change in the Consumer Price Index!  This rate will be sourced from the Australian Bureau of Statistics using the 6401.0 Consumer Price Index, Australia, March quarter to March quarter, All Croups v	1. I wish to alter my income payments as follows: (tick one box only 🕢)
Change my pension payment amount for the complete financial year  This nominated payment amount (as selected below) will reflect the total amount to be paid for the current financial year. Payments you have already treehed this financial year will be taken into consideration in calculating your payments for the rest of the financial year.  Cease payments until the next financial year as I have met the minimum required payments for this financial year Payments will restart at the first nominated day after the next 1 July on your current payment frequency and amount, unless you also nominate a change below.  2. I wish for my next payment to occur:  MM//////////////////////////////////	Change my pension payment amount for the remainder of the financial year
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3. lelect for my frequency of payments from the date above to be: (tick one box only ()) Your payment will be paid on the fifteenth of the month (with the exception of fortnightly payments).    Fortnightly   Monthly   Quarterly   Six monthly   Annually   4. I wish for my nominated payment to be as follows: (tick one box only ())   Please refer to page 9 of our Income account guide and Transition to Retirement guide for payment limits.   Minimum amount permitted (for 2019/20 and 2020/21 this will be the 50% reduction on the legislated minimum rates).   Maximum amount permitted (for 2019/20 and 2020/21 this will be the 50% reduction on the legislated minimum rates).   Nominated amount of \$\frac{1}{2} \]   per period (fortnightly, monthly, quarterly, six-monthly, annually)     Your nominated amount is subject to the minimum payment amounts permitted. (If you have a maximum amount permitted.)   If you have an existing annual increase of your nominated payment, this will now be based on the new payment amount advised above.    Step 3. Optional annual increase to your nominated payment amount   Please commence/change my current automatic annual payment increase to apply from next 1 July as follows (tick one box only (2))   A nominated percentage of	Payments will restart at the first nominated day after the next 1 July on your current payment frequency and amount, unless
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¹ Your nominated amount is subject to the minimum payment amounts permitted. If you are a TTR member, your nominated amount is also subject to a maximum amount permitted.  If you have an existing amusal increase of your nominated payment, this will now be based on the new payment amount advised above.  Step 3. Optional annual increase to your nominated payment amount  Please commence/change my current automatic annual payment increase to apply from next 1 July as follows (tick one box only ⊘)  A nominated percentage of  %  The annual change in the Consumer Price Index²  Cancel my automatic annual increase.  The automatic annual increase selected above will be applied on next 1 July to your current regular payment amount at that time. Any increase is subject to the minimum and maximum payment amounts permitted, where applicable.  ² This rate will be sourced from the Australian Bureau of Statistics using the 6401.0 Consumer Price Index, Australia, March quarter to March quarter, All Groups value each year.  Step 4. Bank account details  Please pay my nominated account as follows:  Existing bank account (proceed to step 5)  New bank account details are as follows:  Existing bank account details are as follows:  Existing bank account details are as follows:  Existing bank account details are as follows:  Name of institution  BBSB Account number  Account name	Maximum amount permitted (only applicable for Transition to Retirement account)
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Please provide proof of your new bank account details (such as a bank statement)	Please pay my nominated account as follows:  Existing bank account (proceed to step 5)  New bank account  My new bank account details are as follows:  Name of institution  Branch name  Account number
riedde provide proof o'r yddi new bank account actailo foden ao a bank statement.	Please pay my nominated account as follows:  Existing bank account (proceed to step 5)  New bank account  My new bank account details are as follows:  Name of institution  Branch name  Account number

## Step 5. Sign the form

By signing this form I aknowledge that:

- · I have read and understood this form
- · I understand that the information contained in this form will be handled by the Trustee to process my income payment variation
- · I understand that should I select to automatically increase my income stream payment annually, that unless I otherwise advise, the nominated increase will apply from 1 July each year subject to the legislated minimum and maximum income stream payment requirements
- · I understand that should I change my regular income stream payment to either the minimum or maximum payment allowable, that my nominated increase will cease to apply immediately.
- · I understand that under Tax Office regulations, I must keep a copy of this form for five years from the date completed.

I consent to my personal information being collected, disclosed and used as described in the **Privacy Collection Statement**.

Please return your completed form to: **NGS Super GPO Box 4303 MELBOURNE VIC 3001** 

## **Privacy Collection Statement**

NGS Super Pty Limited ABN 46 003 491 487 of Level 4, 14 Martin Place Sydney NSW 2000 collects personal information from you (or from third parties such as your employer or another super fund) to manage your NGS Super account, keep you informed, improve our products and services or take action on a matter you have contacted us about. If we don't have your personal information, we may not be able to perform these services. We may be authorised to collect your personal information by certain laws, including laws relating to superannuation, taxation and anti-money laundering/counter-terrorism financing.

We disclose personal information as required to manage the Fund, to service providers (including our administrator, our insurer and professional advisers), employers or parties required by law. Personal information may be accessed by service providers overseas, most likely by our administrator's processing centre in India. For any other offshore locations, details of how to access and change your personal information and the privacy complaints process, go to ngssuper.com/pcs and ngssuper.com/privacy or call us on 1300 133 177.

Issued by NGS Super Pty Limited ABN 46 003 491 487 AFSL No 233154 the trustee of NGS Super ABN 73 549 180 515

