

Alteration request

Use this form to change your pension payment details for your:

- SignatureSuper® Allocated Pension
- SignatureSuper® Term Pension

Please print in CAPITAL LETTERS and place a cross **X** in any applicable boxes.

1. Options		
What do you want to do? ☐ Change your regular pension (income) payment frequency ☐ Change your regular pension (income) payment amount ☐ Change your regular pension (income) payment method ☐ Advise your condition of release or retirement	 Complete sections 1, 2, 3 and 7. Complete sections 1, 2, 4 and 7. Complete sections 1, 2, 5 and 7. Complete sections 1, 2, 6 and 7. 	
2. Personal details	3. Pension (income) payment frequency	
Account/Plan number	I wish to change the frequency of my regular pension (income) payments to (cross 🗷 one option only):	
Product type	☐ Fortnightly ☐ Half yearly ☐ Monthly ☐ Annually	
Title Date of birth	Quarterly	
Surname	4. Pension (income) payment amount	
	SignatureSuper® – Allocated Pension	
Residential address (a PO Box is not acceptable)	 If you're receiving a benefit from Centrelink or the Department of Veterans' Affairs (DVA), you should advise them whenever your pension (income) payments change. The new pension (income) payment amount selected below will apply at the date of your next payment. 	
Suburb State Postcode	I'd like to change my regular pension (income) payment amount to (cross 🗷 one option only):	
Contact phone number Mobile number Email address	 ✓ Minimum amount allowed under legislative guidelines. ✓ Maximum amount allowed under legislative guidelines. ✓ Nominated amount (subject to minimum or maximum legislative limits)—enter amount below. 	

5. Variation to pension (income) payment method		
Please vary my regular pension payment method to (cross 🗷 one option only):		
☐ Default payment option —we'll deduct your pension payments from each investment o the investment option represents to the total value of your account.	ption proportionate	ly in the ratio that
☐ Nominated payment option —we'll deduct your pension payments from your nominate proportions that you request—enter the investment option and nominated percentage	·	ns in the
If there are insufficient funds in one or more of the selected investment options to pay to be released from investment options in the manner and proportions chosen by the Trus		
Note: This change will apply at the date of your next payment.		
Investment options	Code	Future pension payment instructions (%)
		(10)

Total

%

6. Condition of release or retirement

You must complete this section to declare your condition of release¹ or retirement.



Once you've completed this section your transition to retirement account will be transferred to a 'retirement phase' account. When this happens your account balance will be included in your transfer balance cap and your investment options will be transferred to equivalent tax-exempt options².

Please select the condition of release or retirement option that best describes your current employment status (select one only):

l've reached preservation age and permanently ceased employment and never intend to work more than 10 hours per week.

Date you ceased employment



☐ I'm aged between 60 and 64 and ceased an employment arrangement.

Date you ceased an employment arrangement



1 Conditions of release

Generally, you can only access your super in a retirement phase account when you meet one of the following conditions of release:

- you retire after reaching your preservation age—refer to the relevant preservation age table below for details.
- you cease an employment arrangement at age 60 or over
- you reach age 65

Relevant preservation age

Date of birth	Dussamustian
Date of Dirth	Preservation age
Before 1 July 1960	55 years
1 July 1960 – 30 June 1961	56 years
1 July 1961 – 30 June 1962	57 years
1 July 1962 – 30 June 1963	58 years
1 July 1963 – 30 June 1964	59 years
After 30 June 1964	60 years

2 If you hold a term deposit and we receive your declaration before the end of its term, we'll reinvest the balance of your term deposit into the AMP Super Cash investment option, unless we receive alternative instructions from you.

7. Authority and signature

I declare that:

- I have read the relevant information provided in the investment report or product disclosure statement and annual updates (as applicable) for my AMP product, and have considered advice from my financial adviser (if applicable).
- I have read the contents of this form and direct the Trustee (or AMP, where applicable) to carry out my instructions as specified on this form.
- Any pension (income) payments I receive in each financial year must be within the maximum and minimum limits set by the Government, and therefore any adjustments to my pension payments within this form will be subject to these limits.
- The Trustee (or AMP, where applicable) may delay the processing of any pension (income) payments, or may change the investment options from which units are released to make pension (income) payments, if a fund manager causes a delay or has not quoted a price for the valuation of an investment option.

Signature of member



Date



Where to send this form

Mail or email this completed form to:

AMP Limited PO Box 300 PARRAMATTA NSW 2124

RIS Enquiries@amp.com.au

If you email your completed form there is no need to send us the original.