RSA pension

payments amendment.

This form is to be completed when you wish to amend your current pension payment instructions for your Defence Bank Super Assured RSA pension account.



Member to complete this section.			
Personal details.			
RSA holder number.	Residential address.		
Last name.		State.	Postcode.
First name.	Phone.	Other phone.	
Date of birth.	Email.		
Ceasing of account-based pension payments.			
I wish to cease pension payments*:			
Temporarily, effective from the month of.	to.	(incl	usive).
For the remainder of this financial year.			
* I understand that I am obligated to draw down the mandatory minimum pension amount status of my account-based pension account.	as stipulated by legislation each financial year	. Failing to do so may	compromise the tax-free
Changes to account-based pension payments.			
Changes to your Defence Bank RSA pension payments can affect payments y the relevant agency to discuss any changes before submitting this form.	ou receive from income assessed pens	ons. It is recomm	ended that you contact
Effective date for amendment / / Pensite require to commence.	on payment Minimum.	Other. \$	
Frequency of payments:			
Yearly. Half yearly.	Quarterly.	Monthly	<i>.</i>
Please note: Pension payments are made on the 15th of every month; half yearly pension payment December, March and June only.	nts are paid in December and June only; and qu	arterly pension payme	ents are paid in September,
Amendment to my payment details (if applicable).			
Pension payments are to be credited to my Defence Bank account nu	ımber.		
Member number.	Account number.		
Other (external).			
Name of financial institution.	BSB.		
Account number.	Account name.		
Acknowledgement and signature.			
Signature.	Date.		/ /
Your completed from can be dropped into any Defence Bank branch, scanned required) to:	l and emailed to investments@defe	encebank.com.a	u or posted (no stamp

Defence Bank RSA Reply Paid 14537 Melbourne VIC 8001