

Pension Payment Request Form



Please complete if you wish to request a one-off pension payment.

Section 1: Personal Details

Member number:

Full name: Date of birth:

Section 2: Payment Instructions

I would like to withdraw: \$

- This is a one-off payment and should not be included in my nominated annual pension amount.
- This payment is to be included in my nominated annual pension amount.

Section 3: Authorisation

Either the adviser or member can sign this form.

If adviser is signing this form, the following declarations and acknowledgements apply:

- I declare that all transaction and directions given to the Trustee will only be made after prior consent of the member.
- I hold an Australian Financial Services License (AFSL), or I am authorised through a holder of a current AFSL.
- I confirm that my license or authorisation enables me to deal in and advise on the Fund.
- I confirm the member has provided authorisation, via their *Pension Application form* or *Adviser Nomination form*, for me to provide instruction in relation to their account within the Fund.
- I declare that all information provided by myself in this form is true and correct.
- I indemnify the Trustee against all losses, actions, liabilities, claims and expenses in relation to acting upon the directions, instructions, requests and communications given by me.

Adviser signature: Date:

If member is signing this form, the following declarations and acknowledgements apply:

- I understand that I am bound by the provisions of the Fund's Trust Deed.
- I have read and agree to the terms of the relevant Product Disclosure Statement applicable to my account.
- The information I have provided in this form is true and correct.
- I understand that the pension I selected may not provide me with pension payments for the rest of my life, and that payments will cease once my account balance reduces to zero.
- I understand that pension products are complex and that different taxation and social security implications may apply to my pension depending on my personal circumstances. I acknowledge that the Trustee cannot provide me with advice about this and that I should consult an appropriately qualified adviser for advice that relates to my personal circumstances.
- In relation to a pension commenced under transition to retirement rules, I understand that additional restrictions apply to such pensions.
- I acknowledge that I have read and understood the Privacy Policy described in the Additional Information Booklet.

Member signature: Date:

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Please return this completed form to Hejaz Islamic Super & Pension PO Box 96 Flinders Lane VIC 8009
or email to super@hejazfs.com.au.

Phone: 1300 043 529 Website: www.hejazfs.com.au.

We are committed to respecting the privacy of the personal information you give us.

The Fund is subject to a Privacy Statement which sets out how we do this. Refer to the information about privacy in the Hejaz Islamic Super & Pension Additional Information Booklet. You can obtain the Trustee's privacy policy at

www.eqt.com.au/global/privacystatement or request a copy by contacting us.

You can also find information about privacy at www.hejazfs.com.au.