TTR and Retirement Income Vary Payments Form

Section 1 | Your personal details

Title | Member number | Account number (if known) | Date of birth (DD/MM/YYYY)

Surname

Given name(s)

Residential address

Town/Suburb/City | State | Postcode

Postal address (if different from above)

Town/Suburb/City | State | Postcode

Telephone (home) | Telephone (work) | Mobile number

Email

Section 2 | Changes to your pension level

☐ Please change my current pension to minimum: % per annum or $ per annum

OR

☐ An amount above your minimum: % per annum or $ per annum

Frequency options: ☐ Fortnightly ☐ Monthly ☐ Quarterly ☐ Half-Yearly ☐ Yearly

AND

☐ Please provide me with a Centrelink statement.

I confirm that I am authorised to provide the personal details presented and I consent to my information being checked with the document issuer or official record holder via third party systems for the purpose of confirming my identity.

Please sign here

Date (DD/MM/YYYY)

Please return this completed form by:

First Super, PO Box 666, Carlton South, VIC 3053

mail@firstsuper.com.au

Want to know more? We're here to help.

1300 360 988

mail@firstsuper.com.au

Download the First Super app to manage your account

firstsuper.com.au

First Super Pty Ltd ABN 42 053 498 472, AFSL No. L223988. August 2026.