

# Allocated Pension Variation Form



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

Please maintain my current pension level.

**OR**

Please change my current pension to: \$

Frequency options:  Fortnightly  Monthly  Quarterly  Half-Yearly  Yearly

**AND**

Please provide me with a Centrelink statement.

Please sign here  Date (DD/MM/YYYY)

**Please return this completed form by**

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

**OR**

**Email** forms@firstsuper.com.au

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

**Call** 1300 360 988  
**Email** mail@firstsuper.com.au  
**Website** firstsuper.com.au

First Super Pty Ltd ABN 42 053 498 472, AFSL No. L223988. April 2017.