

# Qantas Superannuation Plan Division 9 Income Change Request Form

COMPLETED FORMS TO BE FAXED TO (02) 9372 6288 OR POSTED TO:

QANTAS SUPERANNUATION PLAN  
LOCKED BAG A4075  
SOUTH SYDNEY NSW 1235

## Your Personal Details

Title (Mr Mrs Ms):  Surname:  First name(s):   
Date of birth:  /  /  Staff/Member no:  Telephone no:   
Mailing address:  Postcode:

## Income

Please change my monthly income payment for policy number \_\_\_\_\_ to:

- The minimum required by law
- A monthly amount of \$ \*

\*This amount is before PAYG tax is deducted (if applicable).

Note: Your request will be processed within 3 business days from receipt by the Plan. Your new monthly income payment will apply from the next available monthly payment.

## Declaration

I declare that:

- I understand I will receive monthly instalments to my nominated bank account as close as possible to the 28th day of each month and that each instalment paid will be after the deduction of PAYG tax (if applicable).
- I understand I am required to receive income payments at least equal to the minimum amount calculated each financial year.
- I agree to any adjustment made by the Plan to my monthly income payments to ensure I have been paid the minimum amount for the financial year.
- I have not received any financial planning, investment or tax advice from Qantas Superannuation Limited.

Signature: \_\_\_\_\_ Date:  /  /

### Privacy Statement

We collect information about you in order to provide you the service you have requested. We will not pass your personal details to any other party unless authorised to do so under the law or in accordance with the Plan's Privacy Policy. For more information about the Plan's Privacy Policy, the complete document is available from the website [www.qantassuper.com.au](http://www.qantassuper.com.au).