

# Income Stream Payment Variation Form



**Please send this completed form to:**

Mercy Super  
PO Box 8334, WOOLLOONGABBA QLD 4102

**Phone:** 1300 368 891 or (07) 3163 8867

**Email:** information@mercysuper.com.au

Member name

Member ID

## 1. What amount of income do you wish to receive per payment frequency:

Minimum Amount     Maximum Amount     Other Amount \$

## 2. I want to alter the frequency of my income stream payments: (please tick the option preferred)

Weekly     Fortnightly     Monthly     Quarterly     Six Monthly     Yearly

Date of first Payment   /   /

## 3. Please alter my Mercy Super Income Stream payment details to:

Name of Bank/Building Society/Credit Union

Branch Number

Account Number

Account Name

To ensure accuracy of Bank account details you must provide a copy of the top section of your bank statement showing BSB, Account Number and Account Name – the photocopy does not need to include the transactions or account balance.

## 4. Declaration

I declare that:

- I understand that my instructions will take effect from the next payment date after Mercy Super has received this notification.
- The details provided above are true and correct in every detail and I authorize Mercy Super to update its records accordingly.
- I have received and had the opportunity of reading the Fund's Member Booklets (Product Disclosure Statements), including any Supplementary Product Disclosure Statement. I understand that the Fund's Financial Services Guide is available upon request and that it can also be read on the Fund's website.
- I understand the information that I have provided will be used only for the purpose of administering my account.

Signature

Date

  /   /    

FUND USE ONLY

Processed by:

/ /

Checked by:

/ /