

## Alteration request

Use this form to change your pension payment details for your:

- Flexible Lifetime® – Allocated Pension
- Flexible Lifetime® – Term Pension
- SignatureSuper® – Allocated Pension
- AMP MultiFund Flexible Income Plan.

Please print in CAPITAL LETTERS and place a cross  in any applicable boxes.

### 1. Options

#### What do you want to do?

- |   |   |
|---|---|
| <input type="checkbox"/> Change your regular pension (income) payment frequency                             | > Complete sections <b>1, 2, 3</b> and <b>8</b> . |
| <input type="checkbox"/> Change your regular pension (income) payment amount                                | > Complete sections <b>1, 2, 4</b> and <b>8</b> . |
| <input type="checkbox"/> Vary your annual increase nomination ( <b>AMP MultiFund Flexible Income only</b> ) | > Complete sections <b>1, 2, 5</b> and <b>8</b> . |
| <input type="checkbox"/> Change your regular pension (income) payment method                                | > Complete sections <b>1, 2, 6</b> and <b>8</b> . |
| <input type="checkbox"/> Advise your condition of release or retirement                                     | > Complete sections <b>1, 2, 7</b> and <b>8</b> . |

### 2. Personal details

Account/Plan number

Product type

Title

Date of birth

Surname

Given name(s)

Residential address (a PO Box is not acceptable)

  


Suburb

State

Postcode

Contact phone number

Mobile number

Email address

### 3. Pension (income) payment frequency

**Flexible Lifetime – Allocated Pension**  
**Flexible Lifetime – Term Pension**  
**SignatureSuper – Allocated Pension**

I wish to change the frequency of my regular pension (income) payments to (cross  one option only):

- |                                      |                                      |
|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Fortnightly | <input type="checkbox"/> Half yearly |
| <input type="checkbox"/> Monthly     | <input type="checkbox"/> Annually    |
| <input type="checkbox"/> Quarterly   |                                      |

**AMP MultiFund Flexible Income Plan**

I wish to change the frequency of my regular pension (income) payments to (cross  one option only):

- |                                    |                                      |
|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Monthly   | <input type="checkbox"/> Half yearly |
| <input type="checkbox"/> Quarterly | <input type="checkbox"/> Annually    |

Issue date: 16 October 2017

AMP MultiFund Flexible Income Plan (Allocated Annuity) is issued by AMP Life Limited ABN 84 079 300 379.

AMP MultiFund Flexible Income Plan (Allocated Pension), Flexible Lifetime – Allocated Pension, Flexible Lifetime – Term Pension and SignatureSuper – Allocated Pension are issued by AMP Superannuation Limited (ASL) ABN 31 008 414 104, AFSL No. 233060.

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#### 4. Pension (income) payment amount

Flexible Lifetime – Allocated Pension  
 AMP MultiFund Flexible Income Plan  
 SignatureSuper Allocated Pension

- If you're receiving a benefit from Centrelink or the Department of Veterans' Affairs (DVA), you should advise them whenever your pension (income) payments change.
- The new pension (income) payment amount selected below will apply at the date of your next payment.

I'd like to change my regular pension (income) payment amount to (cross  one option only):

- Minimum** amount allowed under legislative guidelines.
- Maximum** amount allowed under legislative guidelines.
- Nominated** amount (subject to minimum or maximum legislative limits)—enter amount below.

\$

#### 5. Variation to annual increase nomination

AMP MultiFund Flexible Income Plan

I'd like to change my annual increase nomination to (cross  one option only):

- Nil
- CPI
- Percentage
 

% pa (1% to 10%)

**Note:** This change will take effect from the next 1 July.

#### 6. Variation to pension (income) payment method

Please vary my regular pension payment method to (cross  one option only):

- Default payment option**—we'll deduct your pension payments from each investment option proportionately in the ratio that the investment option represents to the total value of your account.
- Nominated payment option**—we'll deduct your pension payments from your nominated investment options in the proportions that you request—enter the investment option and nominated percentage values below.

If there are insufficient funds in one or more of the selected investment options to pay the full specified proportion, units will be released from investment options in the manner and proportions chosen by the Trustee (or AMP Life, where applicable).

**Note:** This change will apply at the date of your next payment.

Investment options	Code	Future pension payment instructions (%)
<b>Total</b>		%

- If you wish to change your investment options for your AMP MultiFund Flexible Income Plan, you need to complete a **changing your investment option selection** form, or a **changing your pension payment method** form.
- If you wish to change your investment options for your Flexible Lifetime – Allocated Pension or Flexible Lifetime – Term Pension, you need to complete a **switch request** form.
- These forms are available from our website at [amp.com.au](http://amp.com.au). Alternatively, you can call us for a copy.

## 7. Condition of release or retirement

You must complete this section to declare your condition of release<sup>1</sup> or retirement.

**!** Once you've completed this section your transition to retirement account will be transferred to a 'retirement phase' account. When this happens your account balance will be included in your transfer balance cap and your investment options will be transferred to equivalent tax-exempt options<sup>2</sup>.

Please select the condition of release or retirement option that best describes your current employment status (select **one** only):

- I've reached preservation age and permanently ceased employment and never intend to work more than 10 hours per week.

Date you ceased employment

D	D	M	M	Y	Y	Y	Y
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- I'm aged between 60 and 64 and ceased an employment arrangement.

Date you ceased an employment arrangement

D	D	M	M	Y	Y	Y	Y
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### 1 Conditions of release

Generally, you can only access your super in a retirement phase account when you meet one of the following conditions of release:

- you retire after reaching your preservation age—refer to the relevant preservation age table below for details.
- you cease an employment arrangement at age 60 or over
- you reach age 65

#### Relevant preservation age

Date of birth	Preservation age
Before 1 July 1960	55 years
1 July 1960 – 30 June 1961	56 years
1 July 1961 – 30 June 1962	57 years
1 July 1962 – 30 June 1963	58 years
1 July 1963 – 30 June 1964	59 years
After 30 June 1964	60 years

- 2** If you hold a term deposit and we receive your declaration before the end of its term, we'll reinvest the balance of your term deposit into the AMP Super Cash investment option, unless we receive alternative instructions from you.

## 8. Authority and signature

**I declare that:**

- I have read the relevant information provided in the **investment report** or **product disclosure statement** and **annual updates** (as applicable) for my AMP product, and have considered advice from my financial adviser (if applicable).
- I have read the contents of this form and direct the Trustee (or AMP Life, where applicable) to carry out my instructions as specified on this form.
- Any pension (income) payments I receive in each financial year must be within the maximum and minimum limits set by the Government, and therefore any adjustments to my pension payments within this form will be subject to these limits.
- The Trustee (or AMP Life, where applicable) may delay the processing of any pension (income) payments, or may change the investment options from which units are released to make pension (income) payments, if a fund manager causes a delay or has not quoted a price for the valuation of an investment option.

Signature of member

X

Date

D	D	M	M	Y	Y	Y	Y
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### Where to send this form

**Mail, fax or email this completed form to:**

AMP Life Limited  
PO Box 300  
PARRAMATTA NSW 2124  
1300 301 267  
askamp@amp.com.au

If you fax or email your completed form there is no need to send us the original.