Challenger Guaranteed Allocated Pension
Pension Variation Form – Guaranteed Cash Option

challenger

Office use only

Important note: This form can only be used to change the pension amount you receive from investments in the Guaranteed Cash investment option. Investments in the Fixed Rate investment option can only be changed at the expiry of the guaranteed earning period.

1. Investor details

Account Number

Surname

Full Given Name(s)

Investors changing name need to supply an original certified copy of either marriage certificate/Deed Poll and confirmation of change of signature.

Title (Mr/Mrs/Ms etc)

Residential address (must not be a PO Box)

Suburb State

Postcode Country

Phone (after hours) Phone (business hours)

2. Your account balance as at 1 July

Your account balance as 1 July 2 0 was $, , .

3. New gross annual pension amount

New gross annual pension amount for the financial year commencing 1 July 2 0

Please adjust my pension payments so that I receive the following:

☐ Nominated amount of $, , . (gross annual pension)

I understand that this amount must fall within my new minimum pension limits which will be recalculated on 1 July each year. If the requested pension amount does not fall within those limits it will be automatically adjusted and your new payments will be the minimum gross annual payment.

OR

☐ Minimum gross annual pension

The annual government minimum is based on your age and your account balance on 1 July each year:

Your age at 1 July	The minimum pension you must take (as a percentage of your account balance shown in section 2 above)
55-64	4%
65-74	5%
75-79	6%
80-84	7%
85-89	9%
90-94	11%
95 or more	14%

4. Declaration

I declare that the information I have provided on this form is true and correct;

I understand that if I nominate an amount that is below the minimum or above the maximum pension limits (for transition to retirement pensions) set by government, the requested pension amount will be automatically adjusted to be within the prescribed limits;

If this form is signed under Power of attorney the Attorney declares that he/she has not received notice of revocation of that power (a certified copy of the Power of Attorney must be submitted with this form.

Signature

Date ☐☐ / ☐☐ / ☐☐☐☐

Surname

Given name

Please send the completed form to (no stamp required):

Challenger Retirement and Investment Services Limited
Reply Paid 3698
Sydney NSW 2001