



IRIS Change of Income Payment Amount and Frequency form

Step 1. Complete your Personal Details

Member Number:

Surname: Given Names (s):

Daytime Contact Phone No:

Step 2. Select income payment amount (please tick one box only)

Super Income Stream members:

- Minimum Amount
- Maximum Amount (10% of account balance for **Transition to Retirement** members. No limit for other members, please select amount below.)
- Selected New Amount (per payment) \$ _____

Term Allocated Pension members:

- Original Amount (Based on your original term when your account was established)
- Minimum Amount (Your original amount less 10%)
- Maximum Amount (Your original amount plus 10%)

Please note: You must ensure that the amount selected is within the prescribed limits set by the Federal Government for this financial year. Please refer to the IRIS Product Disclosure Statement or the covering letter accompanying your PAYG Payment Summary.

Step 3. Select to reduce your minimum income payment amount (optional)

I wish to be paid 50% of my minimum amount for the 2009/2010 year.

OR

I wish to reduce my income payment amount to \$ _____ *

* **Please note:** The amount you elect to be paid must be at least greater than 50% of the minimum amount for the 2009/2010 year as stated in your covering letter accompanying your PAYG Payment Summary.

Step 4. Select payment frequency (optional, only complete if you wish to change your payment frequency)

a) Please select how often you would like to receive the income payment amount selected above (Step 2). Please tick one box only.

Fortnightly* Monthly* Quarterly** Half Yearly** Yearly**

*This change will take effect from the next available payment period.

**Please nominate the month when you would like the changes to start taking effect: _____

b) Please nominate the day of the month you would like to receive the income payment (leave blank for fortnightly payments):

15th **OR** Last day of month

Please note: Subsequent payments will occur on the appropriate anniversary date of the initial payment unless you advise IRIS in writing to amend your next payment.

Step 5. Confirm your instructions

- I declare that I am the IRIS member whose details appear on this form.
- I confirm that the details I have supplied are correct and request the Responsible Entity to pay my income payments as requested and in accordance with the provisions of the Trust Deed.
- I have read the privacy information entitled 'Privacy' contained in the current IRIS Product Disclosure Statement relating to the financial product I have acquired, and acknowledge that the Super Members Investments Privacy Policy is available from the IRIS website at retirewithiris.com.au.

I hereby consent to the collection, use, storage and disclosure of my personal information as described in these documents. I understand that if I do not provide you with the information requested in this form, you may not be able to accept or carry out my requests or instructions.

Signature:

Date:

Step 6. Send this form to

**IRIS Administration
Locked Bag 200
Carlton South VIC 3053**

Faxed or emailed requests cannot be accepted.

Should you have any further questions about completing this form, please contact our Customer Service Centre on **1300 367 485** between 8.30am and 5.30pm AEST.

Changing your IRIS income payments may have tax implications. It is strongly recommended that you consult your financial planner prior to making any decisions in relation to your IRIS account.



Industry Funds Retirement Income Services

Super Members Investments Limited (SMI), ABN 61 095 974 100, AFSL 231230, RSE L0001151 is the Trustee of the IRIS Super Income Stream and IRIS Term Allocated Pension, RSE R1004359. SMI is owned by Industry Fund Services Pty Ltd (IFS), ABN 54 007 016 195, AFSL 232514 which, in turn, is ultimately owned by a number of major Industry Superannuation Funds. For a list of these funds, please go to ifs.net.au.