

CHANGE OF INCOME ACCOUNT PAYMENT DETAILS

Please complete and sign this form and return to: BUSSQ GPO Box 2775, Brisbane QLD 4001.

Please note that you can also update your payment information online in most cases. Just login to MemberAccess at bussq.com.au.

1 PERSONAL DETAILS

BUSSQ member number (if known)

Mr/Mrs/Ms/Miss

Given names

Surname

Date of birth (dd/mm/yyyy)

Daytime contact number

Mobile

Email

Street address

Suburb/Town

State

Postcode

Postal address

Suburb/Town

State

Postcode

Tick if same as above

2 YOUR NEW FINANCIAL INSTITUTION DETAILS

STOP

Please attach a copy of a current bank statement confirming your name, BSB and account number to confirm your details.

Financial institution name

Name in which the account is held

BSB number

Account number

3 INCOME ACCOUNT PAYMENTS PREFERENCES

I wish to have my Income account payments deducted from the following investment option:

Please one only

Defensive Income account

Balanced Income account

High Growth Income account

Cash

Diversified Fixed Interest

Australian Shares

Aust. (Small Companies) Shares

All Shares (50/50)

International Shares

International (Emerging Markets) Shares

4 YOUR UPDATED INCOME ACCOUNT PAYMENT FREQUENCIES

I wish to receive my Income account payments (please which option you would prefer).

Fortnightly Monthly Quarterly Half yearly Yearly

Month of next payment

Please note: Fortnightly payments will commence from the next fortnight after your request is processed. Monthly and less frequent payments will be made on approximately the 15th of the designated month.

5 YOUR INCOME ACCOUNT PAYMENT AMOUNT *(if applicable)*

The amount I wish to receive is (please which option you prefer).

TRANSITION TO RETIREMENT OR CHILD INCOME ACCOUNT

4% Minimum 10% Maximum An amount between your minimum and maximum \$ per payment

RETIREMENT, BENEFICIARY OR DISABILITY INCOME ACCOUNT

Minimum An amount above the minimum \$ per payment

6 PRIVACY

BUSSQ collects and uses your personal information in accordance with the BUS SQ Privacy Statement which is available from our website or by calling **1800 MY BUS SQ (1800 69 2877)**. Please call us if you have any questions about your rights under the privacy legislation.

7 DECLARATION

In signing this application:

- I have read and understood the Income account Product Disclosure Statement, and the requests contained in this form are made subject to the terms and conditions of this document.
- If deemed necessary by me, I have obtained financial advice from a qualified Financial Planner concerning my investment in the BUS SQ Income account.
- I understand and accept that the Trustee does not guarantee the performance of the investment strategy.
- I declare that all the information provided is true and correct and that I am the owner or authorised beneficiary of the Income account detailed in section 1.

Signature



Dated (ddmmyyyy)

SIGN
HERE