



#### Step 4. Bank account (only complete if you wish to change your bank account details)

Please pay my IRIS income payments to:

Name of Bank:

BSB Number:

Account Number:

Account Name:

Branch Address:

Suburb:

State:

Postcode:

Your nominated bank account must be held either in your name or, if the nominated account is held jointly, you must be one of the account holders.

#### Step 5. Select payment draw down method (only complete if you wish to change your draw down method)

How would you like to draw down your Income Payments from the options in which you are currently invested?

**You can:**  Specify the proportion to be withdrawn from each of your investment options OR the order of your investment options from which you draw your Income Payments (see below).

Your investment option	%
Defensive	
Conservative	
Growth	
High Growth	
Cash	
Diversified Fixed Interest	
Property	
Australian Shares	
Sustainable Australian Shares	
International Shares	
<b>Total 100%</b>	

From your options in the following order:


OR

**OR:**  Elect to withdraw the amounts in proportion to your investment allocations at the time of payment.

**If you do not make a nomination above, payment will be the same proportion as your initial investment allocation.**

#### Step 6. 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 Trustee 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 [ifs.net.au/retirement/iris](http://ifs.net.au/retirement/iris)

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.

I/we have read the Privacy Statement contained in the PDS and the manner in which SMI Limited proposes to comply with the requirements of the Privacy Act 1988 (Cth).

Signature:

Date:

#### Step 7. Send this form to

**IRIS Administration, Locked Bag 5129, Parramatta NSW 2124. OR Email signed copy to: [admin@retirewithiris.com.au](mailto:admin@retirewithiris.com.au)**

**Print Completed Form**

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