



Returning this form to us as quickly as possible will help to ensure your pension payments will continue without interruption.

# Annual Lifetime Pension Declaration

We issue this form annually to ensure our records are up-to-date

Please complete all sections and return it back within 28 days to:

ElectricSuper  
Reply Paid 92978 (no stamp required)  
Melbourne, VIC 3001

or

electricsuper@mercero.com

## 1. Your details

Membership number: \_\_\_\_\_

Date of birth: \_\_\_/\_\_\_/\_\_\_\_\_

Title:  Mr  Ms  Mrs  Other \_\_\_\_\_

Marital status:  Single  Married

Given names: \_\_\_\_\_

Defacto  Widowed

Surname: \_\_\_\_\_

Remarried

Residential address (required): \_\_\_\_\_

Suburb: \_\_\_\_\_

State and postcode: \_\_\_\_\_

Postal address (if different): \_\_\_\_\_

Suburb: \_\_\_\_\_

State and postcode: \_\_\_\_\_

Daytime phone number: \_\_\_\_\_

Mobile number (if different to daytime): \_\_\_\_\_

Email address: \_\_\_\_\_

Secondary email address: \_\_\_\_\_

## 2. Spouse/partner details

Title  Mr  Ms  Mrs  Other \_\_\_\_\_

Date of birth \_\_\_/\_\_\_/\_\_\_\_\_

Given names: \_\_\_\_\_

Surname: \_\_\_\_\_

### 3. Sign the form

Please sign this form in the presence of a witness

By signing this form, I:

- understand that information in this form will be used to process my pension. For this purpose my personal information may pass between ElectricSuper and its administrator, government bodies and other parties as required.
- consent to the handling of my personal information in this manner.
- can access my information by contacting ElectricSuper's Privacy Officer.
- confirm that my personal information in this form is true and correct.
- consent to this information being held in my pension records.
- declare that I have signed this in the presence of a witness.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Signed by:

the pensioner OR  the pensioner's Power of Attorney (PoA)

If a current and valid PoA has been issued for the pensioner, the person named as holding the PoA is able to sign this form on behalf of the pensioner.  
The declaration must still be witnessed.

**Power of Attorney details (complete if applicable):**

Name: \_\_\_\_\_

Daytime phone number: \_\_\_\_\_

Mobile number (if different to daytime): \_\_\_\_\_

Email address: \_\_\_\_\_

Has a certified copy of the Power of Attorney been provided to ElectricSuper in the past?

Yes  No, and I have enclosed an originally certified copy of the PoA Declaration and certified identification as required.

### 4. Witness declaration

**The witness must be over the age of 18 and can be:**

- a non-relative known to yourself for longer than 2 years
- a member of a professional body (eg. accountant, solicitor, doctor, nurse, teacher, pharmacist)
- any other person authorised to witness Statutory Declarations

As the witness, I declare that this form was completed and signed by the pensioner/ Power of Attorney in my presence.

Witness name: \_\_\_\_\_

Witness daytime phone number: \_\_\_\_\_

Witness email address: \_\_\_\_\_

Witness signature: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Return this form to:**

ElectricSuper  
Reply Paid 92978  
(no stamp required)  
Melbourne, VIC 3001

**OR**

electricsuper@mercero.com

**Queries**

Phone: 1300 307 844

Email:  
electricsuper@mercero.com

Post:  
Reply Paid 92978, GPO Box  
4303, Melbourne, Vic 3001