Your Pension

Annual Lifetime Pension Declaration 2026

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

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@mercer.com

1. Your details

Membership number: _____ Date of birth: ___/___/_____

Title: ☐ Mr ☐ Ms ☐ Mrs ☐ Other _____ Marital status: ☐ Single ☐ Married ☐ Defacto ☐ Widowed ☐ Remarried

Given names:

_____

Surname:

_____

Any other names known by (for example, also known as/a former name/an anglicised name)

_____

Residential address (required):

_____

Suburb: State and postcode:

_____ _____

Postal address (if different):

_____

Suburb: State and postcode:

_____ _____

Phone number:

_____

Email address:

_____

Secondary email address:

_____

Occupation:

☐ Retired

☐ Other occupation (if any):

_____

Industry of your occupation:

_____

2. Spouse/partner details

Title ☐ Mr ☐ Ms ☐ Mrs ☐ Other _____ Date of birth ___/___/_____

Given names:

_____

Surname:

_____

electric super

Return this form to:

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

OR

electricsuper@mercer.com

Queries

Phone: 1300 307 844

Email:
electricsuper@mercer.com

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

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.
- confirm that the nature of my relationship with ElectricSuper is that I am a pensioner in receipt of a lifetime pension.
- 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: ____ / ____ / _____