

Change to Pension Payment Form



LUCRFsuper

Australia's first industry fund



Complete this form if you wish to make a change to your pension payment

Please complete all relevant sections using CAPITAL LETTERS and a BLACK or BLUE pen.

Step 1 Your personal details

LUCRF Super membership number (if known)

Date of birth (dd/mm/yyyy)

Please cross [X] the appropriate box: Mr Mrs Miss Ms Other (please specify)

Surname

First name/s

Residential/Street address (compulsory)

Unit / Street number

Street name

Suburb / City / Town

State / Territory Postcode

Postal address - if different to residential

Unit / Street / PO Box number

Street name

Suburb / City / Town

State / Territory Postcode

Please send all correspondence to (please cross [X]): Residential address Postal address

Contact numbers

Home

Work

Mobile

Fax

Email address



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