

## Change of Member Details

Membership Number:

Change of Address			Please use Block Letters
Title:	First Name:	Surname:	
Date of Birth:		Telephone:	
Mobile:	Email:		
Address:			
Suburb/Town:	State:	Postcode:	

Change of Name			Please use Block Letters
(By Marriage/Deed Poll) Please attach copy of Marriage Certificate, or other supporting documents.			
Title:	First Name:	Surname:	
Date of Birth:		Telephone:	
Old Signature:	New Signature:		

Change of Beneficiary			Please use Block Letters
The Death Benefit is payable to your dependents or your legal representative or in certain circumstances another person. The final decision rests with the Trustee.			
First Name:	Surname:		
Relationship:		% Share:	
First Name:	Surname:		
Relationship:		% Share:	
First Name:	Surname:		
Relationship:		% Share:	

Signature	
Signature:	Date

The information requested on this form is required to accept your change of details. Your personal information will not be used or disclosed for any other purpose without your consent, except where the law requires us to do so.