



CHANGE OF MEMBER DETAILS FORM

CHANGE OF ADDRESS		MEMBERSHIP NO:	
SURNAME: MR/MRS/MISS/MS			
GIVEN NAMES:			
DATE OF BIRTH:		PHONE NO:	
ADDRESS:			
		STATE:	POSTCODE:

CHANGE OF NAME

(By Marriage/Deed Poll) Please attach copy of Marriage Certificate, or other supporting documents.

SURNAME: MR/MRS/MISS/MS	
GIVEN NAMES:	
DATE OF BIRTH:	PHONE NO:
NEW SIGNATURE:	OLD SIGNATURE:

CHANGE OF BENEFICIARY

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

SIGNATURE:	DATE:
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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.