

# Membership alteration advice

Please complete in blue or black ink, using BLOCK letters



## Section 1 - Member Details

Surname

Given name(s)

 /  / 

Member number

Date of birth

Postal address

Town/Suburb

State

Post code

Email address

Telephone number

Employer name (Employer Sponsored Superannuation Plan only)

## Section 2 - Change of Address *(please provide details of new address)*

Postal address

Town/Suburb

State

Post code

Email address

Telephone number

## Section 3 - Change of Name *(please attach copy of deed poll, marriage certificate, birth certificate etc.)*

Old Surname

NEW Given name(s)

Old Given name(s)

NEW Given name(s)

 X

Old Signature

 X

NEW Signature

Date changed  /  /

## Section 4 - Change of Pension Payment Frequency

Please change my pension payment amount to: \$

Frequency (✓):  Monthly  Quarterly  Half Yearly  Annually

Note changes in pension payments will take effect from the 1<sup>st</sup> day of the month following receipt of changes. Changes to payment frequencies must be received by no later than the 20<sup>th</sup> day of the previous month in order for the change to be effected. Payment amounts are subject to minimum and maximum payment limits set down by the Government.

## Section 5 - Regular Contributions

Please alter my existing contribution to (✓):  Monthly  Quarterly  Half Yearly  Annually

	Amount
Member	\$ <input type="text"/>
Spouse	\$ <input type="text"/>
Employer (Award/SG)	\$ <input type="text"/>
Employer (Voluntary)	\$ <input type="text"/>
<b>Total</b>	\$ <input type="text"/>

*If you wish to make regular contributions from your bank account please also complete a Direct Debit Request Form*

## Section 6 - Change of Bank Account Details

Account name

Bank name

BSB number  -  Account No

If you are making regular contributions via a Direct Debit Request you will also need to complete a new Direct Debit Request form.

## Section 7 - Fax and Email Instructions

Please select the method you wish to utilise to provide account transaction instructions (✓):

Fax facility Fax number

Email facility Email address

The Trustee may accept transaction requests made electronically either by facsimile or email, provided the following conditions are met: 1) faxed instructions must be legible; 2) instructions must bear your member number; 3) withdrawal proceeds will only be transferred into, and contributions will only be transferred from, a financial institution previously nominated by you in writing; 4) in the case of a withdrawal, transfer or investment switch request, the amount to be withdrawn must be clearly stated; 5) the account holder must sign the instructions; 6) email instructions must be received from an email address previously provided to us in writing; and 7) we will confirm the receipt of your instruction either by telephone or email prior to your request being processed.

## Section 8 - Cash Account Sweep Facility

I wish to have my surplus Cash Account funds automatically invested on a quarterly basis (✓)

Your Cash Account surplus will be invested in accordance with your most recently lodged Investment Strategy Form. If your strategy contains an investment that is not on the most currently issued Strategy Selection Investment Authority, your cash surplus will be allocated on the basis of the remaining eligible investment options.

## Section 9 - Adviser Switching Authority

I authorise the following financial adviser to act as my authorised representative to undertake switches of underlying investments (✓)

Company

Adviser

Telephone number

Fax

**X**

Adviser Signature

/  /

Date

By signing this section you confirm that if you are authorised by the member to provide the Trustee with instructions under the Adviser Switching Authority facility, and you will provide the member with copies of the relevant disclosure documents and obtained their written confirmation to instruct the Trustee to act on the investment switch request.

## Section 10 - Change of Financial Adviser

Company

Adviser

Adviser Email

Telephone number

Fax

**Dealer Stamp**

I/We authorise the provision of information regarding my membership and the payment of ongoing brokerage to the above adviser.

## Section 11 - Member Authorisation

I acknowledge each of the declarations detailed below.

**X**

Signature

/  /

Date

## Declarations

By completing and signing this form you:

- agree to release and indemnify the Trustee from and against all actions, proceedings, accounts, costs, claims and demands in respect of any liabilities arising directly or indirectly as a result of the use of the facilities or services offered, to the extent that such liabilities are attributable to the Trustee's own neglect or default
- agree that neither you nor any other person claiming through you has any claim against the Trustee or the Plan in relation to a payment made or action taken by the Trustee under any of the facilities or services offered, or Plan, if the payment or instruction is made in accordance with the relevant conditions and includes instructions that are later shown not to have been made by you or your financial adviser
- acknowledge that the Trustee is entitled to either cancel or change the terms and conditions of the facilities or services but may not do so without giving you prior written notice and that you may cancel the use of any of the facilities at any time by giving the Trustee written notice, and
- authorise the Trustee to give information relating to your account and investments in your account to your financial adviser and acknowledge that your financial adviser is your agent for the purpose of receipt of this information.