

Membership alteration advice

FREEDOM OF CHOICE CORPORATE SUPERANNUATION

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's name

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 - 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"/>
Total	\$ <input type="text"/>

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

Section 5 - Change of Bank Account Details

Account name	<input type="text"/>		
Bank name	<input type="text"/>		
BSB number	<input type="text"/> - <input type="text"/>	Account No	<input type="text"/>

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

Section 6 - Fax and Email Instructions

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

<input type="checkbox"/> Fax facility	Fax number	<input type="text"/>
<input type="checkbox"/> Email facility	Email address	<input type="text"/>

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nominated by you in writing; 4) in the case of a withdrawal, transfer or investment switch request, the amount to be withdrawn must be clearly stated; 5) the account holder must sign the instructions; 6) email instructions must be received from an email address previously provided to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 7 - Member Authorisation

I acknowledge each of the declarations detailed below.

<input checked="" type="checkbox"/>

Signature

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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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.