

CHANGE OF MEMBERSHIP DETAILS



Please select which product you are a member of and enter your member number(s):

Active Super Lifetime Guaranteed Income

Member no.

Active Super Fixed Term Guaranteed Income

Member no.

Use this form if you're an Active Super Guaranteed Income member and would like to update your membership details.

You can complete this form using a black pen and CAPITAL letters. Use a (✓) to mark boxes.

Make sure you consider the relevant product disclosure statement and other important information available at activesuper.com.au/PDS

1. YOUR DETAILS

DOB (DD MM YYYY)

Title (eg. Ms, Mr)

Given name(s)

Family name

Email address

Phone (home)

Phone (work)

Phone (mobile)

Postal address

No./Street

Suburb/Town

State/Territory

Postcode

Residential address select if same as postal address above

No./Street

Suburb/Town

State/Territory

Postcode

If you've changed your name, you'll need to supply certified ID in your current name and a certified copy of one of the following documents that supports your name change:

- Marriage certificate
- Deed poll
- Change of name certificate from Births, Deaths and Marriages Registration Office.

CERTIFIED COPY

A certified copy is a photocopy of the original document that has been sighted and signed by a Justice of the Peace (JP) or solicitor as a true representative of the original.

You **MUST** provide a certified copy of **ONE (1)** of the following:

- birth certificate
- current driver's licence
- current passport
- certificate of Australian citizenship (if it contains your date of birth).

2. YOUR NEW DETAILS

Change of name

New given name(s)

New family name

Change of postal address, phone numbers, email address

No./Street

Suburb/Town

State/Territory Postcode

Email address

Phone (home) Phone (work)

Phone (mobile)

Change of postal address, phone numbers, email address

No./Street

Suburb/Town

State/Territory Postcode

Change of recorded birth date

Correct date of birth (DD MM YYYY):

3. YOUR NEW BANK ACCOUNT DETAILS

Please change my bank account details as soon as possible OR effective from (DD MM YY):

Name of financial institution

Account name

Branch (BSB) no. - Account no.

NOTE: The account must be in your name or a joint account of which you are one of the account holders.

4. YOUR DECLARATION

By signing this form I am making the following statements:

- I have read the relevant Product Disclosure Statement.
- I declare the information provided is true and correct.
- I have read the Privacy Collection Statement and understand how Active Super will use the personal information provided on this form.

Signed

Date (DD MM YY)

SEND YOUR COMPLETED FORM BACK TO US AT:

Mail Active Super, PO Box N835, Grosvenor Place NSW 1220
Please do NOT email. Original documents are required for proof of identity.

Privacy Collection Statement

The information provided on this form is collected by LGSS Pty Limited (ABN 68 078 003 497) as Trustee for Local Government Super (ABN 28 901 371 321) ('Active Super') for the purposes of administering accounts and providing services to you associated with fund membership. If you do not provide the requested information, Active Super may not be able to perform these services. Your personal information may be shared with our administrator, other superannuation trustees and other services providers, in order to be able to provide our services to you. We may provide information to government, regulatory or other bodies if required by law. For further information about how we manage and protect personal information, please refer to our privacy policy available at activesuper.com.au/privacy-policy or by calling us on 1300 547 873. It sets out how we use the information we hold about you, how you can access and correct the information, how you may complain about a breach of privacy and our process for resolving privacy related enquiries and complaints.

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