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.	Memb	Active Super Fixed Term Guaranteed Income er no.		
Use this form if you're	an Active Si	uper Guaranteed Inco	ome member d	nd would like to
update your members	hip 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 DE DOB (DD MM YYYY) Given name(s)	TAILS	Title	(eg. Ms, Mr)
	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 na	me				
New given name(s)					
New family name					
Change of postal address, phone number(s), email address					
No./Street					
Suburb/Town					
State/Territory	Postcode				
Email address					
Phone (home)	Phone (work)				
Phone (mobile)					
Change of residential address					
No./Street					
Suburb/Town					
State/Territory	Postcode				
Change of recorded birth date					
Correct date of birth (DD MM YYYY):					



3 . y 0	OUR NEW BANK ACCOUNT DETAILS
	hange my bank account or of the sound of the
Name of	f I institution
Account	name
Branch ((BSB) no. Account no.
NOTE: Th	ne account must be in your name or a joint account of which you are one of the account holders.
4. y 0	OUR DECLARATION
	ng this form I am making the following statements:
	read the relevant Product Disclosure Statement.
• I declo	are the information provided is true and correct.
	read the Privacy Collection Statement and understand how Active Super will use the personal nation provided on this form.
Signed	Date (DD MM YY)
SENI	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 service 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.

Issued by LGSS Pty Limited (ABN 68 078 003 497) (AFSL 383558), as Trustee for Local Government Super (ABN 28 901 371 321) ('Active Super').