

# CHANGE OF MEMBER DETAILS

*This request will be invalid if not signed and dated.*

**IMPORTANT:** Read all the information provided on the reverse of this form to help you complete your Change of Member Details correctly.  
**Note:** If our records show an incorrect date of birth, evidence must be provided (eg. copy of driver's licence or birth certificate).  
 Evidence of a name change must be attached (eg. copy of marriage certificate, deed poll or decree nisi). Do not send original documents.

**NEW DETAILS** PLEASE USE BLOCK LETTERS AND BLACK INK WHEN COMPLETING THIS FORM.

MR/MRS/MS/MISS/DR/OTHER	SURNAME	CURRENT ACSUPER MEMBER NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>
GIVEN NAMES <input type="text"/>		
STREET ADDRESS / PO BOX <input type="text"/>		
SUBURB / TOWN / CITY		STATE
<input type="text"/>		<input type="text"/>
DATE OF BIRTH (DD/MM/YYYY)		TELEPHONE (AH) (BH)
<input type="text"/>		<input type="text"/>
		MOBILE
<input type="text"/>		<input type="text"/>

**PREVIOUS DETAILS**

MR/MRS/MS/MISS/DR/OTHER	SURNAME	CURRENT ACSUPER MEMBER NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>
GIVEN NAMES <input type="text"/>		
STREET ADDRESS / PO BOX <input type="text"/>		
SUBURB / TOWN / CITY		STATE
<input type="text"/>		<input type="text"/>
DATE OF BIRTH (DD/MM/YYYY)		TELEPHONE (AH) (BH)
<input type="text"/>		<input type="text"/>
		MOBILE
<input type="text"/>		<input type="text"/>

**PREFERRED BENEFICIARY DETAILS** (SEE OVER FOR IMPORTANT INFORMATION)

SURNAME	GIVEN NAMES	RELATIONSHIP (EG. SPOUSE, SON)	PERCENTAGE TO BE PAID
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I nominate the above person(s) as my preferred beneficiary(ies) for the payment of my death benefit in ACSuper. I understand that my nomination will be used by the Trustee as a guide only and the Trustee is not in any way bound by my nomination when exercising its absolute discretion to pay my benefit in ACSuper.

Must be **whole numbers** and add to 100%

**PRIVACY**

Please note that by sending ACSuper personal information about yourself, you are agreeing to the following:

- That you have read the ACSuper Privacy Statement and understand how ACSuper intends to protect your personal details, particularly in relation to the collection, storage, quality, use and disclosure (sharing) of personal information.
- That ACSuper can use this information for the purposes of administering your superannuation account.

Full details of the ACSuper Privacy Policy are contained in the Product Disclosure Statement on page 29.

**DECLARATION**

I declare that all of the above details are correct.

SIGNATURE OF MEMBER	DATE (DD/MM/YYYY)
<input style="width: 100%; height: 50px;" type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

## How to Complete this Form

### New Details

Complete this section if you are changing your:

- name (*note*: certified photocopied evidence of this must be attached, eg. marriage certificate, deed poll or decree nisi);
- address;
- contact details; or
- date of birth (*note*: evidence of this must be attached eg. copy of driver's licence or birth certificate).

### Previous Details

Complete this section in full for all changes. Please do not use initials. Your full name and date of birth will help us to identify your account.

### Preferred Beneficiary(ies)

Complete this section to change your nominated beneficiary(ies). To make sure that your nomination of preferred beneficiary(ies) is valid, please read the following information.

#### *Who can I nominate?*

Under superannuation law and subject to the ACSuper Trust Deed, superannuation benefits payable in the event of your death may, in the first instance, be paid to your dependents, or to your legal personal representative. If you do not have a dependant or legal personal representative, the Trustee may pay the benefit to an individual, subject to the provision of the ACSuper Trust Deed.

The definition of 'dependent' under superannuation legislation includes:

- your spouse;
- your children of any age (including step, adopted or ex-nuptial); or
- any other person who is or was wholly or partially financially dependent on you.

#### *Who decides?*

Under the Trust Deed, the Trustee alone is responsible for deciding to whom, and in what proportion, your death benefit should be paid. In making this decision however, the Trustee will naturally take into account your nomination or preferred beneficiary(ies).

For your nomination to be effective, it is important that you keep it up to date, particularly if your family or marital circumstances change.

### Declaration

You must sign and date the declaration before returning this form.



Return this completed form to:  
Australian Christian Superannuation  
Customer Service Centre  
PO Box 3401, Albury NSW 2640