

CHANGE OF PERSONAL DETAILS



SUPER SA
contributing to your future

Please complete all the details on this form in **BLOCK LETTERS** using a **BLACK PEN** and return the signed original to **Super SA**.

1. Old Personal Details

Account ID

Mr Ms Miss Mrs Dr Prof

Surname

Given name(s)

Residential address

Postcode

Postal address (if different from above)

Postcode

Date of birth / /

Email*

Telephone* (M)

(W)

(H)

*By providing your email address and/or telephone number(s) you are agreeing to receive, from Super SA, or an organisation on behalf of Super SA, marketing communications including newsletters, announcement, invitations or surveys. You may opt out of these marketing communications at any time by updating your communication preferences in our online member portal or by contacting Super SA. If you opt out of marketing communications, you will still receive any important account information from us.

Contact Us

In person:

Ground floor, 151 Pirie Street
Adelaide SA 5000
(Enter from Pulteney Street)

Postal: GPO Box 48, Adelaide, SA 5001

Call: (08) 8207 2094
or 1300 369 315 (for regional callers)

Email: supersa@sa.gov.au

Website: www.supersa.sa.gov.au

2. New Personal Details

Mr Ms Miss Mrs Dr Prof

Surname¹

Given name(s)¹

Postal address

Postcode

Date of birth¹ / /

Email

Telephone (M)

(W)

(H)



¹ If you would like to change your name or date of birth on our records, please attach a certified copy of your birth certificate or change of name or legal marriage certificate (issued under the *Births, Deaths and Marriages Act 1996*).

Certified copies are copies authorised, or stamped as being true copies of the originals, by a person or agency recognised by the law of the state in which they are certified. These include: a Justice of the Peace, Commissioner for taking Affidavits, a Notary Public, a Proclaimed Police Officer. Alternatively, you can bring the document into the Super SA office to be witnessed by a Super SA staff member.

Remember to sign the declaration over the page



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Please complete all the details on this form in **BLOCK LETTERS** using a **BLACK PEN** and return the signed original to Super SA.

3. Financial Adviser Authorisation (Optional)

Please complete all the details in this section if you wish to authorise your financial adviser to enquire about your super.

I authorise my financial adviser to enquire about my super entitlement details.

Financial adviser details

Name

Company name

Address

Postcode

Telephone number

Facsimile

Email

I understand this will only apply for 2 years from the date of receipt of this authority. I understand that after this time, if I wish to continue to allow my financial adviser access to my super details, I will need to complete a new authorisation.

4. Declaration

- I declare that the information I have provided on this form is true and correct.

Signature: **X**

Date: / /
