

# CHANGE TO PERSONAL DETAILS



Please complete all the details on this form in **BLOCK LETTERS** and return the signed original and other document(s) to Super SA.

## 1. Current Details

**Super ID**

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Mr  Ms  Miss  Mrs  Dr  Prof

Surname

Given name(s)

Residential address

Postcode

Postal address (if different from above)

Postcode

Date of birth    /    /

Email<sup>1</sup>

Telephone<sup>1</sup> (M)

(W)

(H)

## 2. New Details

Please complete this section only if you wish to change your name or contact details

Mr  Ms  Miss  Mrs  Dr  Prof

Surname<sup>1</sup>

Given name(s)<sup>1</sup>

### Postal Address

Postcode

Country

### Residential Address

Postcode

Country

Date of birth<sup>1</sup>    /    /

Email<sup>2</sup>

Telephone<sup>2</sup> (M)

(W)

(H)

<sup>1</sup> 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, as 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 or a Proclaimed Police Officer.

<sup>2</sup> 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, announcements, invitations or surveys. You may opt out of these marketing communications at any time by contacting Super SA. If you opt out of marketing communications, you will still receive any important account information from us.

**Contact Us**

**Postal:** GPO Box 48, Adelaide, SA 5001

**Call:** (08) 8207 2094 or 1300 369 315

**Website:** [www.supersa.sa.gov.au](http://www.supersa.sa.gov.au)

**Email:** [supersa@sa.gov.au](mailto:supersa@sa.gov.au)



### 3. Change of Payment Details

(Please complete this section only if you wish to change your current payment details.)

**Important:**

**If you wish to nominate a new bank account for your benefit to be paid to, we require you to provide a bank statement (eg printed statement or online statement from a bank or credit union) for the account. These statements need to be current (ie less than 12 months old) and must show your BSB, account number and your full name on the account.**

**Please note:**

Payments cannot be made to third party accounts, credit cards or overseas accounts.

Super SA does not accept responsibility for rejection of transfer due to incorrect account details being provided by you.

Name of financial institution \_\_\_\_\_

Branch \_\_\_\_\_

Account name (account holder name) \_\_\_\_\_

BSB number (compulsory)    -

Account number

When completing your account details, please use numbers only. Characters and symbols will not be recognised. For more information, contact your financial institution.

I have attached a copy of my bank statement.

### 4. Variation to Taxation Deductions

(Please complete this section only if you wish to change your current details)

Please increase taxation deductions by \$ \_\_\_\_\_ per fortnight

Please reduce taxation deductions by \$ \_\_\_\_\_ per fortnight

Please deduct a total of \$ \_\_\_\_\_ per fortnight

### 5. Member Declaration

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

Signature:

Date: / /