

# CHANGE OF PERSONAL AND/OR PAYMENT 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

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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\*

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

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

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

If your personal details have not changed you only need to complete the 'Old Personal Details' section.

## 2. New personal details

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)

^ 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.



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# CHANGE OF PERSONAL AND/OR PAYMENT DETAILS



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

### 3. Old banking details

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

Branch \_\_\_\_\_

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

BSB number (compulsory)    -

Account number

### 4. Change your bank account details: New banking details

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.

**Important**

If you wish to nominate a 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.

Payments can only be made to an account held solely in your name or to a joint account held by yourself and another person.

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.

### 5. Change your Income Stream payment details

**Income stream amount**

To calculate your annual income stream payment amount, refer to the Super SA Income Stream PDS.

Please select your preferred **annual** income stream amount (tick one):

- Minimum income amount
- Full 10% maximum income amount for this financial year (for transition to retirement only). (Not applicable if uover age 65.)
- Specific amount between the minimum and maximum \$ \_\_\_\_\_ per annum gross (that is before tax is deducted, if any)

**Payment frequency**

Please select your payment frequency (tick one):

- Fortnightly
- Monthly
- Quarterly
- Half yearly
- Annually

If you do not make a selection your income stream payment will be paid monthly.

Fortnightly income stream payments will be made on alternate Thursdays. All other payments will be made on the 15th of the month. For monthly, quarterly, half yearly and annual payments, please specify the month in which you wish to receive your first payment:

Month \_\_\_\_\_ Year \_\_\_\_\_

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## 6. Financial Adviser Authorisation (optional)

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

### Financial adviser details

Name

---

Company name

---

Address

Postcode

---

Telephone number

Facsimile

---

Email

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

## 7. Declaration

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

Signature: **X**

Date: / /

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