

change of membership details form

Don't lose touch!

Has your name, address or nominated beneficiaries changed?

Please keep us informed of any changes as this will ensure you do not lose track of your super.

Please complete the form in blue or black pen and use block letters. You may copy and distribute this form to other CareSuper members.

Evidence of name change must be attached, see overleaf for details.

Please note that the percentage column should total 100%, and not contain any decimals or fractions.

The trustee will take your wishes into consideration but is not bound by your nomination. This nomination will override any previous nominations.



Note

You must sign and date this form overleaf.

1. Your current member details		
Member number	Date of birth (DD/MM/YYYY)	
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	
Surname	Mr/Mrs/Ms/Miss/Dr	
<input type="text"/>	<input type="text"/>	
Given names	<input type="text"/>	
<input type="text"/>		
2. Your new contact details		
Address		
<input type="text"/>		
Suburb/town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone (home)	Telephone (mobile)	
<input type="text"/>	<input type="text"/>	
Email		
<input type="text"/>		
<input type="text"/>		
3. Your new name		
Surname	Mr/Mrs/Ms/Miss/Dr	
<input type="text"/>	<input type="text"/>	
Given names	<input type="text"/>	
<input type="text"/>		
New signature	Old signature	
<input type="text"/>	<input type="text"/>	
4. Your new nominated beneficiaries		
Full name	% of Benefit	Relationship
<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"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

See over >



Important

Please read this important information relating to Sections 3 and 4.

Important information

You are required to provide certified copies of your identification documents in certain circumstances, such as when changing your name.

Changing your name

Your name must be the same as shown on your proof of identity. If you have changed your name, you will need to provide a certified copy of your change of name document; for example, your marriage certificate or change of name documentation.

If you are recently divorced, you will need to provide the following:

- A certified copy of the marriage certificate showing the change from your previous name, and
- Recent documentation showing that you are now legally referred to by your previous name. An example of this would be an amended driver's licence, a recent bank statement, a statutory declaration or tax assessment notices in both the old and new names showing the same tax file number.

Certifying your identification documents

Certified copies are copies of original documents that are signed and 'certified' as being true and correct copies of the originals by an authorised person.

In order to obtain a certified copy of a document you need to present a clear photocopy of your document, together with the original, to an authorised person to view and sign as being a 'certified true copy'.

All pages must be certified as a true copy of the original, by writing or stamping 'certified true copy' on each page. The certification must include the certifier's signature, printed name, qualification (e.g. 'police officer'), a contact number and that day's date.

Please note that the certification needs to contain an original signature. Faxed copies will not be accepted.

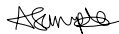
People authorised to certify documents

The following people can certify copies of original documents as true and correct copies:

- An officer with, or authorised representative of, a holder of an Australian Financial Services Licence (AFSL), having two or more years continuous service with one or more licensees
- A teacher employed on a full-time basis at a school or tertiary education institution
- A healthcare professional, such as a medical practitioner, nurse, pharmacist or veterinary surgeon
- A Justice of the Peace
- A police officer
- A legal practitioner
- A marriage celebrant
- A minister of religion
- A finance company officer with two or more years of continuous service (with one or more finance companies)
- A member of a professional accounting association.

Sample certification

I certify that this is a true copy.

Name: Adam B. Sample
Signature: 
Qualification: Police officer,
Victoria Police
Dated: 30/06/2009
Contact no: 0123 456 789

Your beneficiaries

A beneficiary must be a dependant – your spouse, child, a person who is financially dependent on you or who meets the definition of interdependency at the date of your death or your Legal Personal Representative (e.g. executor of your will or administrator of your estate).

You must sign and date this form.

5. Member declaration

Privacy

I confirm that I have read CareSuper's Privacy Statement. I understand how CareSuper intends to handle my personal information and acknowledge that my personal information will only be used for the purposes specified. I consent to the collection and use of my personal information by the Trustee to establish and administer my superannuation account.

Receiving information about third party services

CareSuper has developed relationships with organisations that we believe can offer you good value products and services, outside of super. To help you gain information about these extra services, we communicate with you in the following ways:

Industry Fund financial planners at CareSuper

From time to time you may be contacted by CareSuper or directly by one of CareSuper's Industry Fund financial planners – in writing, via email, or over the telephone, about how financial planning services can help you.

Other third party services

Additional member benefits are available through our relationship with these third party services:

- ISInsured (Industry Super insurance) – provides general insurance products.
- ME Bank – provides home loans and other banking products.

Applicant's signature

- NIB and Super Members Health Plan – provide health insurance products.

Occasionally you may receive information via mail, about the other third party services, containing product-specific information that is third party branded. This information is sent to you by our mail house, and your information is never provided to these third parties directly.

If you do not want to receive extra information about these third party services, or hear from a planner about our financial planning service, please tick here.

Receiving information about your super

Email: CareSuper sends regular newsletters and bulletins regarding superannuation by email. Please tick (✓) this box if you do not wish to receive this information by email.

Online Statements: Your super statements are available via our secure online facility – MemberOnline. To register for MemberOnline, visit caresuper.com.au. By registering for MemberOnline, you can automatically receive your statements online, which you can view at any time. You'll be notified via email when your next statement is available. If you prefer to receive paper statements in the mail, you do not need to do anything.

Date (DD/MM/YYYY)



Return this completed form to:

CareSuper
GPO Box 1923
Melbourne VIC 3001

For more information call the CareSuperLine

1300 360 149

