

Change your details

1800 005 166

info@caresuper.com.au

GPO Box 1547, Hobart TAS 7001

Section 1

Your existing
details with
CareSuper

Member number

Date of birth (DD MM YYYY)

Mr Mrs Ms Miss Other

Last name

Given name(s)

Residential address

Suburb/Town/City

State

Postcode

Section 2

Your new details

Only fill in the details you want us to change. If you're changing your name or correcting your date of birth, you'll need to provide proof of your identity. Read our *Guide to providing proof of ID* fact sheet or call us for more details.

Mr Mrs Ms Miss Other

Date of birth (DD MM YYYY)

Last name

Given name(s)

Residential address

Suburb/Town/City

State

Postcode

Postal address

Suburb/Town/City

State

Postcode

Home phone

Mobile phone

Work phone

Email



Provide proof of identity

Please verify your identity by choosing option 1 or 2.

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Important: Make sure that the details you provide below exactly match your documents. If the details vary, we won't be able to verify your identity electronically.

[illegible][illegible]

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[illegible][illegible]

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7

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Your reference number on this card is

7

[illegible]

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I confirm that I am authorised to provide the personal details presented and I consent to my information being checked with the document issuer or official record holder via third-party systems for the purpose of confirming my identity.

Your bank details

Only fill this section out if you want to change your bank account details. If you're adding or updating bank account details, you'll need to provide proof of your identity. Read our *Guide to providing proof of ID* fact sheet or call us for more details.

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My new bank account details are:

This will update your bank account for any **withdrawals** and **pension payments** you may be eligible to receive in the future.

Name(s) on account – must be held solely or jointly in your name (e.g. John Smith) and cannot be a business account.

[illegible]

BSB number

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Account number

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Name of your financial institution

[illegible]

Member declaration

By signing this form I'm making the following statements:

- I declare the information is true and correct.
- I understand that if I've changed my date of birth, this may impact my insurance benefits. I've considered this and don't require any further information.
- I understand that if I've changed my bank details, CareSuper needs to receive the request at least three business days before my next scheduled payment date. Your details will generally be updated within three business days of receiving your request.
- I consent to the use of my personal information as outlined in CareSuper's *Privacy policy* available at caresuper.com.au/privacy-policy or by calling us on **1800 005 166**.

Your signature

Date (DD MM YYYY)

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Return the completed, signed and dated form via:

- upload using the Contact Us portal in **Member Online**
- email to info@caresuper.com.au
- mail to CareSuper, GPO Box 1547, Hobart TAS 7001