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

CareSuper

An Industry SuperFund

FMDE01 07/2026

Section 3

Provide proof of identity

Only complete this section if you're changing your name, correcting your date of birth or updating your bank account details. The documents listed below must be in your new name if your name has changed.

Please verify your identity by choosing option 1 or 2.

☐ **Option 1 – I want to use electronic verification**

By completing this section, I authorise CareSuper to use my details for the purpose of confirming my identity. I understand that my details will be checked with the relevant official record holder through the use of third-party systems.

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.

Provide details of any TWO of the following:

1. Australian driver's licence

Full name as appears on my driver's licence

My Australian driver's licence number | State of issue | Expiry date (DD MM YYYY)

Card issue number

2. Medicare card

Full name as appears on my Medicare card

My Medicare number | Valid to (MM YYYY)

Colour of card

☐ Green ☐ Yellow ☐ Blue Your reference number on this card is ☐

3. Australian passport

Full name as appears on my passport

My Australian passport number

☐ **Option 2 – I want to use paper-based verification**

☐ I've provided certified proof of identity with this form. Read our *Guide to providing proof of ID* fact sheet for more details.

☐ I authorise CareSuper to use my personal details for the purpose of confirming my identity if the paper copies of my certified identification documents are incorrectly certified, scanned or unable to be read. I understand that my details will be checked with the relevant official record holder through the use of third-party systems.

Section 4

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.

☐ **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.

BSB number

Account number

Name of your financial institution

Section 5

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)

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**