

change of membership details form

Guaranteed Income

Complete this form if your name, address, bank details or nominated beneficiaries for your Guaranteed Income account have changed. Please use a blue or black pen and BLOCK letters.



Don't lose touch!

Keep us informed of any changes, as this will ensure you do not lose track of your Guaranteed Income account. For example, has your nominated beneficiary's name or address changed?

It's easy to make changes via PensionOnline, simply go to caresuper.com.au/login.

If your name has changed, you will need to provide evidence of this change by enclosing a certified copy of your marriage certificate or alternative proof of your change of name.

See Section 6, Member declaration for information on certifying ID.

Your new nomination(s) replaces any non-binding nomination(s) previously advised. The Trustee will take your wishes into consideration, but is not bound by your nomination. To find out more about binding and non-binding nominations, refer to the **Guaranteed Income Product Disclosure Statement** at caresuper.com.au/GIPDS.

1. Your current member details

CareSuper Guaranteed Income member number (if known) / / / / /

Date of birth (DD/MM/YYYY) / /

Title Surname

Given names

2. Your new address

Address (residential)

Suburb/town State/Territory Postcode

Address (postal – if different from above)

Suburb/town State/Territory Postcode

Telephone (home) Telephone (work)

Mobile number Email address

3. Your new name (if applicable)

Surname

Given names

Date of birth (DD/MM/YYYY) / / Title

New signature Old signature

4. Your new nominated beneficiaries (if applicable)

| Name | % of Benefit | Relationship | Address |
|----------------------|----------------------|----------------------|----------------------|
| <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"/> |

Please indicate the bank account details where the income payments will be paid.

5. Changing your bank account details

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Bank name/financial institution

Branch address

State/Territory Postcode

Account holder's name

BSB Account number

Please provide a copy of your bank statement via mail so we can verify that the details you have provided are correct. If you would like your income paid into more than one bank account please provide additional information on a separate sheet and indicate the amount to be deposited into each account.

You must sign and date this form.

6. Member declaration

Promotional material
Occasionally, CareSuper contacts members about special offers and promotions. Please tick this box if you do not wish to receive information of this kind.

Privacy
CareSuper collects your personal information to establish and administer your superannuation account. If you choose not to provide your personal information we may not be able to process your membership application or administer your account.

Certification of documents
When certifying documents, please take the original documents and the copies to any one of the following persons for them to certify that they are true and correct copies of the originals. All pages need to be certified as true copies of the original by writing or stamping 'certified true copy'. The certification must include their signature, printed name, qualification (e.g. police officer), date and contact telephone number. Please note the certification needs to contain an original signature. Faxed copies of certified documents will not be accepted. CareSuper reserves the right to request additional certified identification documents where required. The identification must be current and valid (i.e. not expired) and must be received by CareSuper within three months of being certified.

People who can certify your ID include:

- Teacher employed on a full-time basis at a school or tertiary education institution
- Healthcare professional such as medical practitioner, nurse, pharmacist, veterinary surgeon
- Officer with, or authorised representative of, a holder of an Australian financial services licence, with 2 or more continuous years of service
- Justice of the peace
- Police officer
- Legal practitioner
- Marriage celebrant
- Minister of religion
- Member of a professional accounting association
- Notary public

For a full list of people able to certify your ID, go to caresuper.com.au/CertifyingID.

Proof of identity
Under the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006* superannuation funds are required to identify, monitor and mitigate the risk that the Fund may be used for the laundering of money or the financing of terrorism. To meet these requirements CareSuper reserves the right to request further information to verify your proof of identity before making any cash payment.

In completing this form I confirm that I have read the CareSuper Privacy policy and proof of identity requirements at caresuper.com.au/privacypolicy. I understand how CareSuper intends to handle my personal information and that my personal information will only be used for the purposes specified.

I have attached certified copies of required documents.

Member's signature

Date (DD/MM/YYYY)

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Return this completed form to:

CareSuper Pension
Locked Bag 5042
Parramatta NSW 2124
or call the
CareSuper PensionLine
1300 664 781