

change of membership details form

Pension

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

1. Your current member details

CareSuper Pension member number (if known)

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

Title

Surname

Given names



Don't lose touch!

Keep us informed of any changes, as this will ensure you do not lose track of your pension. 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.

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

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 7, 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 Pension Guide at caresuper.com.au/PensionGuide.

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"/>



If you want to change your pension payment details, complete this section.

5. Changing your pension payment details

I wish to change my payment to an amount of:

Minimum Maximum \$, per payment instalment.

I want to be paid (✓ tick a frequency):

Twice-monthly Monthly
 Quarterly (September, December, March & June)
 Half-yearly (December & June) Yearly (June)

Note:

1. Your elected pension must fall between the minimum and maximum (if applicable) amounts.
2. Your alteration in pension payment will be applicable from the payment date following receipt of this form. Refer to your CareSuper Pension Guide for more information.

6. Type of pension required

Complete this section if you have met one of the following conditions of release and would like your Transition to Retirement Pension to become a full CareSuper Pension.

Please tick (✓) the condition of release that applies to you:

I have reached my preservation age and am effectively permanently retired from the workforce.
 I have reached 60 years of age and have ceased an employment arrangement.

Note that if you have turned 65, your account will automatically be treated as a full CareSuper Pension.

7. Changing your bank account details

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 pension 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.

8. 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

Member's signature

Date (DD/MM/YYYY)

/ /

- 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.

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

You must sign and date this form.



Return this completed form to:

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