

# Change my details



Use this form to change the name or date of birth recorded on your account. If you want to change your address, phone number, email or non-binding beneficiaries go to MemberOnline at [caresuper.com.au/login](https://caresuper.com.au/login) or call us on **1300 360 149**.

Complete this form in blue or black pen using BLOCK LETTERS and tick  where applicable.

## 1. YOUR CURRENT DETAILS

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_      \_\_\_\_\_  
 Member account number      Date of birth held in our records (DD/MM/YYYY)      Title

\_\_\_\_\_

Surname

\_\_\_\_\_

Given names

Gender     Male     Female



You must complete sections 1 and 4 of this form. You only need to complete sections 2 and/or 3 if these are the details you wish to change.

## 2. CORRECTING YOUR DATE OF BIRTH

Sometimes the date of birth CareSuper has on record may be incorrect. If your date of birth needs to be corrected, complete this section. You'll need to provide a certified copy of one of the following:

- Birth certificate
- Passport
- Certificate of Australian citizenship (showing your date of birth)
- Certificate of evidence of Australian residency
- Current Australian driver licence.

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_  
 Correct date of birth (DD/MM/YYYY)

Evidence of your date of birth must be attached. See overleaf for details.

## 3. CORRECTING OR UPDATING YOUR NAME

### NEW NAME

\_\_\_\_\_

Surname

\_\_\_\_\_

Given name

### OLD NAME

\_\_\_\_\_

Surname

\_\_\_\_\_

Given name

\_\_\_\_\_

New signature

\_\_\_\_\_

Old signature

Evidence of name change must be attached. See overleaf for details.

- I have attached a certified copy of one of the following:
- Marriage certificate (from Registry of Births, Deaths and Marriages)
  - Birth certificate
  - Deed poll document
  - Change of name certificate
  - Certificate of divorce.

#### 4. MEMBER AUTHORISATION

- I authorise CareSuper to use or disclose any ID information provided to electronically match identity details against Government records or other identification sources. The identity match process may involve the use of the Australian Government's Document Verification Service and our third-party identity match provider.

\_\_\_\_\_  
Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Date (DD/MM/YYYY)

#### IMPORTANT INFORMATION

Superannuation funds are required to confirm your identity in certain circumstances.

The identification must be current (i.e. valid and not expired\*) and the copy must have been certified in the six months prior to being received by CareSuper. CareSuper reserves the right to request additional ID information from you, if required.

\* An Australian passport that has expired within the last two years may also be accepted.

#### CHANGING YOUR NAME

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


If you are reverting to your maiden name, you'll 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 – for example, a driver 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.

Certification must contain an **original** signature. Faxed, scanned or photocopied images of the certified copy cannot be accepted.

-  **For more information, including a full list of people able to certify documents, read our Certifying your identification documents factsheet available at [caresuper.com.au/certifyingid](https://caresuper.com.au/certifyingid).**



#### SAMPLE CERTIFICATION

I certify that this is a true copy of an original document.

Name: Adam B. Sample  
Signature:   
Qualification: Police officer, Victoria Police  
Dated: 30/03/2019  
Contact no: 0123 456 789



#### YOU MUST SIGN AND DATE THIS FORM

The form won't be valid if you don't sign it.

#### ONCE YOU'RE DONE

Return this completed form to:

**CareSuper**  
**Locked Bag 20019**  
**Melbourne VIC 3001**

For more information call **1300 360 149**



#### YOUR BENEFICIARIES

If you would like to make a binding nomination, please complete the **Binding beneficiary nomination** form available at [caresuper.com.au/forms](https://caresuper.com.au/forms). You can find out more by reading our **Nominating your beneficiaries** factsheet at [caresuper.com.au/beneficiaries](https://caresuper.com.au/beneficiaries).