

# Membership Alteration Advice

## Superannuation and Pension Services



Please complete this form in BLOCK LETTERS using BLACK or BLUE pen only.

Member number

### Section 1 – Current Member Details

Title	Surname	Given name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Postal address		
<input type="text"/>		
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	Gender	Email address
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone	Telephone (mobile)	Fax
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Section 2 – Change of Contact Details – Please complete Section 1

NEW Postal address <i>all correspondence will be sent to this address</i>		
<input type="text"/>		
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
NEW telephone (home)	NEW telephone (mobile)	NEW fax
<input type="text"/>	<input type="text"/>	<input type="text"/>
NEW email address (home) <i>preferred</i>		
<input type="text"/>		

### Section 3 – Change of Name

Previous title	Previous surname	Previous given name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>
NEW title	NEW surname	NEW given name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Previous signature sample	NEW signature sample	Date changed
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

Please attach an original certified copy of suitable linking documents such as a Marriage certificate, deed poll or change of name certificate from the Births, Deaths and Marriages Registration Office, etc.

## Section 4 – Change of Pension Payment Frequency

Please change my pension payment amount to \$

Frequency: (✓) Monthly  Quarterly *Mar, Jun, Sept, Dec*  Half Yearly *Jun, Dec*  Annually *Jun*

Changes in pension payments will take effect from the 1st day of the month following receipt of changes. Changes to payment frequencies must be received by no later than the 20th day of the previous month in order for the change to be effected. Payment amounts are subject to minimum and maximum payment limits set down by the Government.

## Section 5 – Change of Bank Account Details for Pension Payments

Bank/Building Society/Credit Union/CMT

Branch address

Account name

BSB number

Account number

## Section 6 – Regular Investment Plan

Please alter my existing contribution to: (✓) Monthly  Quarterly *Mar, Jun, Sept, Dec*  Half Yearly *Jun, Dec*  Annually *Jun*

Member	Spouse	Employer (Award S/G)	Employer Voluntary	Total
\$	\$	\$	\$	\$

**Note:** The total annual minimum contribution is \$1,200. You must also complete a Direct Debit Request form if you are also changing your bank account details.

## Section 7 – Fax and Email Instructions

If you would like to give account transaction instructions by fax or email, please select the method you would like to use (✓).

Fax facility  Email facility  Both fax and email facility

Please ensure you have included your contact details in Section 1 and/or Section 2 of this form.

## Section 8 – Cash Account Sweep Facility

Do you wish to have surplus Cash Account funds automatically invested on a half yearly basis? (✓) Yes  No

If no selection is made, the default will be no automatic investment of funds.

Your Cash Account surplus will be invested in accordance with your most recently lodged Investment Strategy Form. If your strategy contains an investment that is closed or not available you must provide a new Investment Strategy Form.

If a new Investment Strategy is not provided within the specified time, the allocation of future contributions relating to the closed or not available option will be invested into an approved cash option on the Freedom of Choice Investment Menu.

## Section 9 – Member Authorisation

I acknowledge each of the following declarations detailed below. By completing and signing this form:

- I acknowledge that the Trustee collects my personal information when I complete this Membership Alteration Advice Form.
- I consent to the use and disclosure of personal information about me that I have provided to the Trustee (part of the EQT Holdings Limited Group (EQT Group)) for the purposes explained in the section of the PDS and Reference Guide on Privacy.
- I acknowledge that the Reference Guide accompanying the PDS includes information about how and where I can obtain a copy of the EQT Group Privacy Statement.
- I confirm that the personal information that I have provided in this Membership Alteration Advice Form is correct and current, and should these details change, I shall promptly advise the EQT Group of the change(s).
- I agree to release and indemnify the Trustee from and against all actions, proceedings, accounts, costs, claims and demands in respect of any liabilities arising directly or indirectly as a result of the use of the facilities or services offered, to the extent that such liabilities are attributable to the Trustee's own neglect or default.
- I agree that neither I nor any other person claiming through me has any claim against the Trustee or the Service in relation to a payment made or action taken by the Trustee under any of the facilities or services offered, or Service, if the payment or instruction is made in accordance with the relevant conditions and includes instructions that are later shown not to have been made by me or my financial adviser.
- I acknowledge that the Trustee is entitled to either cancel or change the terms and conditions of the facilities or services but may not do so without giving me prior written notice and that I may cancel the use of any of the facilities at any time by giving the Trustee written notice.
- I authorise the Trustee to give information relating to my account and investments in my account to my financial adviser and acknowledge that my financial adviser is my agent for the purpose of receipt of this information.

Signature

Date

 /  / 

## Completing Proof of Identity For Change of Name

**Please attach CERTIFIED proof of name change, such as a copy of a marriage certificate, deed poll, or change of name certificate from the Births, Deaths and Marriages Registration Office.**

All copied pages of ORIGINAL proof of identification documents need to be certified as true copies by any individual approved to do so (see below).

The person who is authorised to certify documents must sight the original copy and make sure both the documents are identical, then make sure all pages have been certified as true copies by writing or stamping 'certified true copy' followed by their signature, printed name, qualification (e.g. Justice of the Peace, Australia Post employee, etc) and date.

The following can certify copies of the originals as TRUE AND CORRECT copies:

Authorised Persons for Certification		
a Justice of the Peace	a notary public officer	a police officer
a judge of a court	a magistrate	a registrar or deputy registrar of a court
an Australian consular officer or an Australian diplomatic officer	a Chief Executive Officer of a Commonwealth Court	a person enrolled on the roll of a State or Territory Supreme Court or High Court of Australia, as a legal practitioner
a permanent employee of Australia Post with two or more years of continuous service	a finance company officer with two or more years of continuous service (with one or more finance companies)	an officer with, or authorised representative of, a holder of an Australian Financial Services Licence (AFSL), having two or more years of continuous service with one or more licensees