

Private Super Fund Change of details form

Please complete this form if you wish to change the details of your Fund.

Fund name

Fund number

Member account number

Title

Surname

Given name(s)

Section 1: Change annual pension amount

I request the following amount to be paid and take effect from:

Start date: (dd/mm/yy)

 / /

Minimum gross amount

Other gross amount pa of

\$.

If you change your pension amount after July of the current financial year, please nominate the **gross** amount you would like to receive for the **entire** financial year. We will pay you a proportion of the annual amount this financial year.

Section 2: Change frequency of pension payments

Please specify the first payment month:

Please nominate a payment frequency:

15th

Monthly

Quarterly

Half-yearly

Yearly

Section 3: Change financial institution details

New account name

Name of financial institution where your account is held

Branch name

Branch (BSB) number

 -

Account number

Private Super Fund

Change of details form

Section 4: Change address details

New residential address

Suburb

State

Postcode

Contact phone number 1

Contact phone number 2

New postal address

Suburb

State

Postcode

Section 5: Change of name (marriage/divorce)

Please provide certified copies of supporting documentation.

Old name:

Title

Surname

Given name(s)

Member's signature (please provide former signature)

Date

 / /

New name:

Title

Surname

Given name(s)

Member's signature (please provide new signature)

Date

 / /

Private Super Fund

Change of details form

Section 6: Change email address

Previous email address

New email address

Section 7: Change financial adviser details

Previous financial adviser:

Financial adviser's dealer group

Financial adviser's name

Financial adviser's contact number

New financial adviser:

Financial adviser's dealer group

Financial adviser's name

Financial adviser's contact number

Financial adviser's address

Suburb

State

Postcode

Financial adviser's email

Section 8: Member declaration and signature

Member's signature

Date

 / /

Please return to Australian Executor Trustees Limited by:

Fax 1800 781 166

Email forms@aetlimited.com.au

or Post Australian Executor Trustees Limited
Administration Services
GPO Box 546
Adelaide SA 5001

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