

Change of details – Accumulate Plus

Call us on **1800 023 928** with any questions or visit oursuperfund.com.au.

Use of this form

Use this form to change your personal details or change your online account access for your Accumulate Plus account.

Please indicate your reason(s) for completing this form:

- Change address – complete sections 1, 2, 5
 Change name – complete sections 1, 3, 5
 Provide tax file number – complete sections 1, 4, 5

Section 1: Member details

Account number

Title: Mr Mrs Miss Ms Other

Full given name(s) Surname

Date of birth Mobile number Email

▶ By providing your **mobile**, you consent to its use for security validations, e.g. to transact online. By providing your **email**, you consent to receiving communications such as newsletters, significant event notices and other important information to this email, although from time to time we may still need to send you information by post. Note: If no mobile, you **must** give a daytime contact number.

Section 2: Change of address – complete this section only if you're changing these details

Residential address – PO Box is **not** acceptable

Unit number Street number Street name
 Suburb State Post code Country

Postal address – cross **one** option only, to be used for all written communications, including cheque payments if applicable

- Same as residential address shown above Same as existing postal address on account
 Different postal address, as provided below:

Unit number Street number PO Box Street name
 Suburb State Post code Country

Section 3: Change of name – complete this section only if you're changing these details

If your name has changed, you **must attach a certified copy both of the following**: (i) the documentation by which you registered your change of name (e.g. marriage certificate, deed poll or decree nisi (in the case of divorce)) **and** (ii) your passport or driver's licence with your new identity. This documentation must be certified by a Justice of the Peace, solicitor or notary, or additional certification options are outlined in our 'Who can certify documents' fact sheet at oursuperfund.com.au/factsheets.

New title: Mr Mrs Miss Ms Other

New full given name(s) New surname

Old signature New signature



Section 4: Provide a tax file number (TFN) – complete this section only if you're providing your TFN

Important: Under the Superannuation Industry (Supervision) Act 1993, we are authorised to collect, use and disclose your TFN. We may disclose your TFN to another super provider when your benefits are being transferred, unless you request to us in writing that your TFN is not disclosed to any other super provider. Declining to quote your TFN to us is not an offence. However, giving your TFN to us has the following advantages:

- We will be able to accept all permitted types of contributions to your account.
- Other than the tax that may ordinarily apply, you will not pay more tax than you need to. This affects both contributions to your super and benefit payments when you start drawing down your super benefits.
- It will make it much easier to find different super accounts in your name so that you receive all your super benefits when you retire.

If you complete a TFN declaration for your employer, they are required to notify us of your TFN. If, at any time, you have provided your TFN to your employer for super purposes, they are required to notify us of your TFN when a contribution or allocation is made to your account. The legal purposes for using a TFN may change in the future. If laws change, the consequences of not providing the TFN may also change.

I agree to provide my tax file number to the fund: – –

Section 5: Declaration and signature – complete in all cases

I declare and agree that:

- The information I have given on this form is correct and complete.
- I undertake to provide the fund with any requested information that relates to my membership and to notify the fund if that information changes.
- By providing an email address, I consent to receiving communications, notices, including statements, newsletters and other important information, to my email address, and/or by providing a mobile number, I consent to its use for security validations, and I understand that I can change these contact preferences at any time.
- By providing my tax file number, I consent to its use and disclosure as set out in *Reference Guide: How super is taxed*.
- I have read and understood the Privacy section of *Reference Guide: General information* and I acknowledge and consent to the use and disclosure of my personal information as detailed in that section.
- I agree with the terms and conditions for transacting with the fund as set out in *Reference Guide: General information*.
- If this form is signed under Power of Attorney, the Attorney declares that they have not received notice of revocation of that power. Note: A certified copy of the Power of Attorney should be submitted with this form unless we have already sighted it.
- I understand and consent to my information being collected, disclosed and used in accordance with the fund's privacy policy, which is available by contacting the fund or visiting **oursuperfund.com.au** (under the 'Privacy' link on the homepage).

Signature

Print name

Date

Return your completed form to Commonwealth Bank Group Super:

Mail: GPO Box 4303, Melbourne VIC 3001 **Email:** please log in to your account and use the online enquiry form.

Member interests in Commonwealth Bank Group Super (the fund) (ABN 24 248 426 878) are issued by Commonwealth Bank Officers Superannuation Corporation Pty Limited (the trustee) (ABN 76 074 519 798, AFSL 246418).

