

# Change of Membership Details Form



Please complete this form in BLOCK letters and black pen

After identifying yourself in section 1, only complete the sections you wish to change. This form will be invalid if not signed and dated.

Send the form together with any other associated documentation to: **Christian Super** Locked Bag 5073 Parramatta NSW 2124 or email to [members@christiansuper.com.au](mailto:members@christiansuper.com.au)

## 1. Current Membership Details

Member Number *(this can be found on your Member Statement)*

Date of Birth

Mr/Mrs/Ms/Rev/Other      Surname

Given Names

## 2. Occupational Group

Select the Group that accurately reflects your occupation (your benefit may be affected if your Group is incorrect when you make a claim):

- Group 1 (e.g. lawyer, doctor, solicitor, accountant, principal, school business manager)
- Group 2 (e.g. teacher, clergy, social worker, office worker, travel consultant, home duties)
- Group 3 (e.g. jeweller, computer technician, shop assistant, waiter, nurse, bus driver)
- Group 4 (e.g. cleaner, gardener, mechanic, storeman)

## 3. Search and consolidate my lost Super

I authorise Christian Super to use my tax file number to search the ATO for any other superannuation accounts in my name and to automatically transfer any ATO held lost super I am entitled to, directly to my Christian Super account.

## 4. Changes to my Contact Details

Phone [daytime]

Mobile

Street Number/PO Box

Street Name

Suburb/Town

State

Postcode

Email

Please turn over to complete and sign this form

## 5. Non-binding nomination

If you die Christian Super will pay your benefit to your dependants as it considers appropriate, or to your legal personal representative. You can nominate your preferred beneficiaries below to assist the Trustee in its decision.

### 1. Name of Dependant


Spouse  Child  Dependant  Legal Representative % of benefit

### 2. Name of Dependant


Spouse  Child  Dependant  Legal Representative % of benefit

### 3. Name of Dependant

Spouse  Child  Dependant  Legal Representative % of benefit

 Percentage must be in whole numbers. Total percentage of benefit nomination must add up to 100%. Please attach a note with additional Dependants if needed.

**Check Total** 100%

 You can also make a **Binding Beneficiaries Nomination** that requires the Trustee to pay your death benefit to one or more dependants specified by you – contact our Member Care Centre for a form.

## 6. Member Declaration

### Checklist:

- Have you notified your employer of your change of details?
- Have you signed and dated this form?

**I Declare that:** (Please tick the box that applies to you)

- the information I have provided and any associated documentation in support of the changes advised in this form are, to the best of my knowledge, true and accurate
- I understand Christian Super will rely on this information in good faith and my record kept by Christian Super will reflect the information in this form
- I will immediately notify Christian Super if any of my personal details change in the future
- I understand and accept the information contained in this form may be shared with representatives, advisers and service providers of Christian Super and my employer(s)

Your Signature

Date

### Your Privacy

When your personal details are provided to Christian Super they are securely stored and are accessible only to authorised personnel for the purposes of maintaining your account, including your death and disablement insurance arrangements. If you wish to view our privacy statement please go to [www.christiansuper.com.au](http://www.christiansuper.com.au).

### Return this completed form to Christian Super

- ✉ Locked Bag 5073 Parramatta NSW 2124
- ✉ [members@christiansuper.com.au](mailto:members@christiansuper.com.au)

### For more info contact

- ☎ 1300 360 907
- 🌐 [www.christiansuper.com.au](http://www.christiansuper.com.au)