



Change of Name 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

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. Changes to my Name and/or Signature

 If changing your name you must attach a certified copy of one of the following documents:

- Birth Certificate
- Marriage Certificate
- Naturalisation/Citizenship Certificate
- Deed Poll
- Certificate of Divorce, Decree Nisi, Decree Absolute
- If none of these documents are available, a Statutory Declaration

Mr/Mrs/Ms/Rev/Other Surname

Given Names

Original Signature

New Signature (if different)

3. 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

4. Member Declaration

Checklist:

1. Have you notified your employer of your change of details?
2. Have you signed and dated this form?
3. Have you attached certified photocopies of documents necessary to change your details (if applicable).

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), and
- the information provided in this form could potentially alter my entitlement eligibility and insurance arrangements (if applicable).

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.



Return this completed form to Christian Super

✉ Locked Bag 5073 Parramatta NSW 2124



For more info contact

📞 1300 360 907

🌐 www.christiansuper.com.au