Super Simplifier

ABN 36 526 795 205
USI 36 526 795 205 001

Change of Member Details Form

Please complete Section 1, and then the relevant sections if you wish to update your existing details.

Section 1: Your existing member details

Surname:		Salutation:	
Given name(s):		Date of birth:	
Street address:			
Suburb:		State:	Postcode:
Member number:			
Email:		Phone/mobile:	

Section 2: Change your contact details

Please only fill in the details that you want us to change.

New residential address:			
Suburb:		State:	Postcode:
New postal address:			
Suburb:		State:	Postcode:
New email:			
New telephone:		New mobile:	

Section 3: Change your bank account details

Payments cannot be made to a non-Australian bank account, or a bank account that is not in your name.

To process bank account changes, please submit with this form a bank statement or document that displays the name of the account holder, BSB and account number. This document must be on a bank letterhead or a statement.

Name of financial institution:			
Account Name:			
BSB:		Account Number:	

Section 4: Change pension payment details (for Pension members only)

This change is to be effective from date:

I nominate my new pension payment frequency to be (select one only):

☐ Fortnightly ☐ Monthly ☐ Quarterly ☐ Yearly

I nominate pension payments to be (p.a.): ☐ Minimum amount ☐ Maximum amount **OR** Specific amount ($):

Note: Pension payments must meet government standards. Where you select a specific amount, this amount must be within the required annual minimum and maximum amounts. We reserve the right to adjust your nominated pension payment so that government standards are met. From time to time, the minimum amount prescribed by law may change. Please refer to www.ato.gov.au.

Section 5: Change your personal details

Please only fill in the details that you want us to change. If you're changing your name or your date of birth, we need to verify your identity.

I'm changing my:

☐ Name: I have attached my certified proof of identity to this application (e.g. marriage certificate, deed poll, decree nisi or change of name certificate from the Births, Deaths and Marriages Registration Office)

☐ Date of Birth: please complete the identify verification section below

Surname: Salutation:

Given name(s):

Identity verification

You must select one of the below identity verification options to use:

1. **Electronically verification -** you submit with this form a scanned colour copy of your photographic identification and provide consent (see below) for us to electronically verify your identity. When you opt for electronic verification, the details of the documents you provide to us will be submitted to the Australian government's Document Verification Service (DVS). The DVS is a national online system that allows organisations to compare an individual's identifying information with a government record. Information about their privacy policy is available from their website: http://www.dvs.gov.au. OR
2. Send us an **original certified copy** of your photographic identification document via post.

☐ Option 1: I would like to proceed with electronic verification, and consent to the following:

- I consent to having my identity electronically verified; and
- I am authorised to provide the identification documents to you; and
- I understand that the details of the identification documents will be checked against the Australian government's document verification service.

☐ Option 2: I would like to post an original certified copy of my identification document to Super Simplifier.

Section 6: Nominate a new Adviser

I nominate the Financial Adviser named below as my Adviser Representative who will be empowered to act on my behalf on matters relating to my account (including receiving documents on my behalf) unless I inform Dash in writing that I do not want my Financial Adviser to be my Adviser Representative. My Financial Adviser may authorise officers or employees of the Financial Adviser to give Dash instructions in relation to my account. If my Financial Adviser changes their AFS Licensee, the Financial Adviser is authorised to continue as my Adviser Representative so long as the new AFS Licensee is registered by Dash.

Adviser Name:

AFSL Licensee Name:

Section 7: Member declaration

Please read and sign that the following declarations and acknowledgements apply:

- To the best of my knowledge the information I have provided on this form is correct
- I understand that I am bound by the provisions of the Fund's Trust Deed.
- I have read and agree to the terms of the relevant Product Disclosure Statement applicable to my account.

Member Signature: | Date:

Please email your completed form to supersimplifier@dash.com.au

(or, alternatively, you may post to Super Simplifier Member Administration, PO Box 3528, Tingalpa DC, Qld 4173)

We are committed to respecting the privacy of the personal information you give us.
We have published our Privacy Statement on our website at www.dash.com.au.