



CHANGE OF PERSONAL DETAILS

Please read before completing

Please complete this form if you wish to change your name or contact details.

- Use blue or black pen only.
- Please use BLOCK letters.
- Please place an X in boxes where required.

Please send your completed form, along with certified copies of any supporting documents requested to:

Australian Military Bank

PO Box 3528, Tingalpa DC QLD 4173

1. MEMBER DETAILS

Superannuation Member Number

Title

Given name(s)

Surname or family name

Date of Birth

Email address

Contact Number

Residential address

Suburb/Town

State

Postcode

Please make a selection

- ☐ Change of contact details ☐ Change of name

2. CHANGE OF CONTACT DETAILS

Only complete this section if these details have changed.

Residential address

Suburb/Town

State

Postcode

Mailing Address (if different from residential address)

Suburb/Town

State

Postcode

Home number

Work number

Mobile number

Email address

3. CHANGE OF NAME

Only complete this section if your name has changed. We require supporting documentation to action your request.

New name

Title	Given name(s)	Surname or family name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please enclose one of the following documents as proof for name change (please tick appropriate box(es)):

- ☐ A certified copy of your marriage certificate
- ☐ A certified copy of your change of name certificate
- ☐ A certified copy of your marriage certificate and Decree Nisi (Divorce Papers)

AND one of the following primary identification documents issued in your new name:

- ☐ A certified copy of your driver's licence issued under State or Territory
- ☐ A certified copy of your passport

Please refer to Certified Documentation section at the back of the form for further details.

New Signature

Old Signature

4. PRIVACY STATEMENT

Please read this Privacy Statement to see how Australian Military Bank uses your personal information:

Australian Military Bank (ABN 48 087 649 741) of (PO Box H151 Australia Square NSW 1215), collects your personal information (PI) to run your super account (including insurance), improve our products and services and keep you informed. If we can't collect your PI we may not be able to do these tasks. PI is collected from you and sometimes from third parties. We will only share your PI where necessary to perform our activities with our, service providers, as required by law or court/tribunal order, or with your permission. Your PI may be accessed overseas by some of our service providers. Our Privacy Policy details how to access and change your PI, as well as the privacy complaints process. For complete details on the above go to www.australianmilitarybank.com.au or call us on 1300 132 328.

5. DECLARATION AND SIGNATURE

- I declare that the information provided on this form is true and correct.
- I have read, understood and consent to the collection, use, storage and disclosure of my personal information as described in the relevant Product Disclosure Statement and in the Australian Military Bank Privacy Policy.

Note for Power of Attorney

If this form is signed under a Power of Attorney, please enclose a certified copy of the Power of Attorney with this form. If signed under Power of Attorney, the attorney certifies that he/she has not received notice of revocation of that power.

Full Name

Signature

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>
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WHAT TO DO WITH THIS FORM

When you have completed this form, please return the form along Certified copies of all supporting documents to:

Australian Military Bank Capital Guaranteed Super PO Box 3528, Tingalpa DC QLD 4173

PROOF OF INDENTITY - FACT SHEET

The *Anti-Money Laundering and Counter-Terrorism Financing Act 2006* requires us to collect information about you and establish your identity before paying benefits. If we do not hold the required identification documents you will be required to provide these.

Required Documents

One of the following documents

- Certified copy of driver's licence
- Certified copy of Passport

If you are not able to provide one of documents listed above, then you need to provide **certified** copies of **two** of the following documents:

<ul style="list-style-type: none">• Birth Certificate• Citizenship Certificate• Pension Card	<ul style="list-style-type: none">• Australian Taxation Office notice (12 months)• Centrelink notice (12 months)• Local Government notice (3 months)• Electricity, gas or water bill (3 months)
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Who is an authorised certifier?

Copies of the original documents must be certified by one of the following

- Justice of Peace
- Judges
- Pharmacist
- Physiotherapist
- Psychologist
- Police Officer
- Permanent employee of Australian Postal Corporation with 2 or more years of continuous service
- Accountant (members of a recognized accounting body)
- Medical practitioner
- Legal practitioner
- Dentist
- Notary Public
- Officer or Authorized Representative of AFS licensee
- A magistrate
- Australian consular or Diplomatic Officer
- CEO of a Federal Court

How to certify documents

The person certifying the document must have sighted the original and note the following on each page that is copied:

"This is to certify that this is a true copy of the original which I have sighted.

> Full Name > Date

> Title > Signed

> Professional registration number (if applicable)

> Add the official stamp of their office

> If the document has multiple pages, the authorised certifier may add their certification on the first page and then initial each subsequent page.

All certified copies must be posted to PO Box 3528, Tingalpa DC QLD 4173