



# Change member details

## Use this form to update your personal details

Please complete the 'Your current details' section and then provide your new details where shown. Please leave any unchanged sections blank.

If you have any questions, please contact the Customer Service Team on 1800 222 071 or email [twusfadmin@aes.com.au](mailto:twusfadmin@aes.com.au)

### Your current details

All applicants must complete this section (Please use CAPITAL LETTERS and a black pen)

Member number (if known)	Mr Mrs Miss Ms Dr	Sex M/F	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Surname			
<input type="text"/>			
Given names			
<input type="text"/>			
Home phone number	Mobile phone number		
<input type="text"/>	<input type="text"/>		<input type="text"/>
Email address			
<input type="text"/>			

### What is changing?

If your name is changing, you need to attach certified copies of a marriage certificate or deed poll certificate, signed by an authorised witness as proof. Turn to page 3 for a list of people who can certify your identification documents.

#### Your new name

Surname	
<input type="text"/>	
Given names	
<input type="text"/>	
Original signature (please sign here)	New signature (please sign here)
<input type="text"/>	<input type="text"/>

#### Your new address or new contact details

New contact telephone number	Other telephone number
<input type="text"/>	<input type="text"/>
Email address	
<input type="text"/>	

#### Residential address

Street number	Street name		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Suburb/Town/City		State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

#### Postal address if different from above

Street/PO Box number	Street name		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Suburb/Town/City		State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## What is changing? (continued)

### Your new employer

New employer's name

TWUSUPER employer number (if known)

Telephone number

Street/PO Box number

Street name

Suburb/Town/City

State

Postcode

Tick the box that applies to you:

Employee

Self-employed

### Your preferred beneficiaries

Beneficiaries are the people you want to receive your super if you die while you are a member of the Fund.

You can nominate dependants or your legal personal representative (i.e. your 'estate') to be your preferred beneficiaries. A Dependant is currently defined as your spouse (including a de facto or same sex partner), a child, someone who is wholly or partially financially dependent on you, or someone with whom you have an interdependency relationship. For more information, please refer to the Member Information Booklet (PDS).

The Trustee makes the final decision about who gets your benefit if you die while a member of the Fund.

#### First person's full name

Mr Mrs Miss Ms Dr

Sex M/F

Date of birth

Street/PO Box number

Street name

Suburb/Town/City

State

Postcode

Relationship to you

Percentage of your super benefit

%

#### Second person's full name

Mr Mrs Miss Ms Dr

Sex M/F

Date of birth

Street/PO Box number

Street name

Suburb/Town/City

State

Postcode

Relationship to you

Percentage of your super benefit

%

#### Third person's full name

Mr Mrs Miss Ms Dr

Sex M/F

Date of birth

Street/PO Box number

Street name

Suburb/Town/City

State

Postcode

Relationship to you

Percentage of your super benefit

%

**TOTAL**

**Make sure percentages add up to 100%**

**1 0 0** %

You can nominate additional beneficiaries to receive a percentage of your super by attaching a separate page giving the same details for each one. Make sure the percentages add up to 100%.

## Who can certify your identification documents?

All copied pages of your original proof of identification documents need to be certified as true copies. Below is a list of some of the people authorised to certify documents. For the complete list go to [www.twusuper.com.au](http://www.twusuper.com.au).

The person certifying documents must sight the original and the copy and make sure that both documents are identical, then certify all pages by writing or stamping 'certified true copy' followed by their signature, printed name, business hours telephone number, qualification (eg: justice of the peace, accountant etc), registration number (if applicable) and date.

- a **TWUSUPER Client Relations Officer, Business Development Consultant** or other person with two or more continuous years of service with one or more organisations holding of an Australian Financial Services Licence;
- a person falling within any of the following categories:
  - **police officer, sheriff or sheriff's officer**
  - **teacher** employed on a full-time basis at a school or tertiary education institution
  - **accountant** who is a member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the National Institute of Accountants
  - **Judge, Registrar, Deputy Registrar, Master or clerk of a court, Magistrate, Justice of the Peace or Bailiff**
  - **minister of religion or marriage celebrant** registered under Subdivision A or C of Division 1 of Part IV of the *Marriage Act 1961*
  - **Notary Public**
- a person licensed under a current State or Territory law to practise in any of the following occupations:
  - **chiropractor**
  - **dentist**
  - **legal practitioner**
  - **medical practitioner**
  - **nurse**
  - **optometrist**
  - **patent or trade marks attorney**
  - **pharmacist**
  - **physiotherapist**
  - **psychologist**
  - **veterinary surgeon**

### We respect your privacy

Our Member Information Booklet explains how we collect, use and protect your personal information. Call us on 1800 222 071 or visit [www.twusuper.com.au](http://www.twusuper.com.au) for a copy.

### Direct marketing

From time to time, we may send members communication material also known as direct marketing material (including marketing material from third parties) about special offers and promotions which are only available to our members. If you do not want us to use your personal information to send you direct marketing material, tick this box:

## Read and sign

I declare that the information I have provided in this form is true and correct.

Signature (please sign here)

X

Date

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Send your completed form and proof of identity to: TWUSUPER, Locked Bag 5094, Parramatta NSW 2124

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