

Club Plus

Change to Membership Details

IMPORTANT: Section 1 Your Personal Details and Section 6 Declaration must be completed in addition to your required changes in Sections 2 - 5
Please complete this form in **black ink** using **BLOCK** letters. This request will be invalid if not signed and dated.

Please return this completed form to: Club Plus Administration, Locked Bag 5007 Parramatta NSW 2124.

Section 1: Your Personal Details

Membership Number	Date of Birth (dd/mm/yyyy)
<input type="text"/>	<input type="text"/>
Mr/Mrs/Ms/Miss	Surname
<input type="text"/>	<input type="text"/>
Given Names	
<input type="text"/>	
Email	
<input type="text"/>	

Section 2: Change of Address Details

Old Address			
Street Number / PO Box	Street Name		
<input type="text"/>	<input type="text"/>		
Suburb / Town	State	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Contact phone number			
<input type="text"/>			
New Address			
Street Number / PO Box	Street Name		
<input type="text"/>	<input type="text"/>		
Suburb / Town	State	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Contact phone number	Mobile number		
<input type="text"/>	<input type="text"/>		

Section 3: Change of Name

New details (please attach a certified copy of your marriage certificate, deed poll certificate, etc. as proof of name change)	
Mr/Mrs/Ms/Miss	Surname
<input type="text"/>	<input type="text"/>
Given Names	
<input type="text"/>	
Member's Signature	
<input type="text"/>	Date (dd/mm/yyyy)
	<input type="text"/>

Section 4: Correction to Date of Birth

(please provide certified documentation to verify the change of your birth date ie. drivers licence, passport, or birth certificate provided this shows your name as registered with Club Plus)

Correct Date of birth (dd/mm/yyyy)
<input type="text"/>

Section 5: Change of Preferred Beneficiaries

To the Club Plus Administration: I hereby request the Trustees to consider the person(s) named below as my preferred beneficiary(ies) in the event of my death whilst a Member of a Fund. Please note that the Trustee will use this as a guide only, as they are obliged by law to make payment to anyone who is classified as a dependent or interdependent.

This nomination of preferred beneficiaries replaces all previous nominations made by me.

New Details

In case of death please nominate the person(s) to whom you wish benefits to be paid.

Name of Beneficiary

Relationship (Eg. Wife, Son)

Portion of Benefit

 %

Name of Beneficiary

Relationship (Eg. Wife, Son)

Portion of Benefit

 %

Name of Beneficiary

Relationship (Eg. Wife, Son)

Portion of Benefit

 %

Name of Beneficiary

Relationship (Eg. Wife, Son)

Portion of Benefit

 %

Must be **whole numbers** and add to: 100 %

Section 6: Declaration

I confirm that all the information contained in Sections 1 to 5 of this form and any additional information attached to this form is true and correct.

Signature of applicant

Date (dd/mm/yyyy)

Section 7: Privacy

Please note that by sending Club Plus personal information about yourself, you are agreeing to the following:

1. That you have read the Club Plus Privacy Statement and understand how Club Plus intends to protect your personal details, particularly in relation to the collection, storage, quality, use and disclosure (sharing) of personal information.
2. That Club Plus can use it for the purposes of running your superannuation account.

If you have any questions about your rights under the privacy legislation, please call Club Plus on 1800 680 627.

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Club Plus Administration, Locked Bag 5007 Parramatta NSW 2124.