

## MEMBER CHANGE OF DETAILS

Use this form to change your personal details with Nationwide Super.

Members of the Pension Division must complete a separate form, available on our website or by contacting us.

### 1. PERSONAL INFORMATION

Nationwide Super Member ID:

(AS PREVIOUSLY SUPPLIED):

Surname:	<input type="text"/>				
Given Name(s):	<input type="text"/>				
Residential Address:	<input type="text"/>				
Suburb:	<input type="text"/>	State:	<input type="text"/>	Postcode:	<input type="text"/>
Date of Birth:	<input type="text"/> / <input type="text"/> / <input type="text"/>	Daytime Phone No.:	<input type="text"/>		
Email:	<input type="text"/>				

### 2. CHANGE OF ADDRESS/CONTACT DETAILS (NEW DETAILS):

Residential Address:	<input type="text"/>				
Suburb:	<input type="text"/>	State:	<input type="text"/>	Postcode:	<input type="text"/>
Postal Address: (if different to above)	<input type="text"/>				
Suburb:	<input type="text"/>	State:	<input type="text"/>	Postcode:	<input type="text"/>
Daytime Phone No.:	<input type="text"/>	Mobile Phone No.:	<input type="text"/>		
Email:	<input type="text"/>				

To change other personal details, such as the date of birth that we have recorded for you, please contact us.

### 3. CHANGE OF NAME (NEW NAME):

Title:	<input type="text"/>	Surname:	<input type="text"/>
Given Name(s):	<input type="text"/>		

**Certified evidence** of your name change must be attached (i.e. a change of name certificate or a 'Standard Marriage Certificate' issued by a Registry of Births, Deaths & Marriages - **Note:** Commemorative certificates cannot be accepted). Please refer to *A Guide to Certifying Documents* (available on [nationwidesuper.com.au/forms](http://nationwidesuper.com.au/forms) or by contacting us) for instructions on how to have these documents certified.



# MEMBER CHANGE OF DETAILS

## 4. CHANGE OF EMPLOYMENT:

I terminated with the employer that was contributing to Nationwide Super on my behalf on

		/			/		
--	--	---	--	--	---	--	--

Termination date

My current/new employer(s), contributing to Nationwide Super on my behalf is:  
(Complete details below)

Name of Employer(s):


Date Commenced:

		/			/		
--	--	---	--	--	---	--	--

## 5. CHANGE OF BENEFICIARIES:

**When nominating your beneficiary please ensure that you nominate a dependant beneficiary** including a spouse, a child, a person who is financially dependent on you or a person in an interdependency relationship with you. The Trustee of Nationwide Super can only consider a non-dependant where there is no dependant(s) or estate.

Please nominate your preferred beneficiaries for the payment of any death benefit arising from your Nationwide Super account:

Full Name	Relationship (e.g. spouse, child)	Portion of benefit
		%
		%
		%
		%

If more than four beneficiaries are required please attach details separately.

<b>TOTAL:</b> Must add to 100%	<b>100%</b>
-----------------------------------	-------------

This will guide the Nationwide Super Trustee as to your wishes; however, the Nationwide Super Trustee makes the final decision as to whom the benefit will be paid. The Nationwide Super Trustee is guided by superannuation legislation and must ensure your benefit is paid to your dependants. The Nationwide Super Trustee will enquire into the personal circumstances of your dependants in making its decision. There may be taxes payable by your beneficiaries, depending on their relationship to you.

## 6. DECLARATION AND SIGNATURE:

### Consent to Search and Consolidate Lost Super

Nationwide Super can search the Australian Taxation Office (ATO) register for any unclaimed or lost super savings held for you and rollover any money held by the ATO in your name to your Nationwide Super account. To do this, we require your consent:

I request and consent to Nationwide Super using my TFN to search for my lost or forgotten super and rollover any money held by the ATO to Nationwide Super on my behalf. I understand that this will require Nationwide Super to provide my TFN and other personal information to the ATO.



# MEMBER CHANGE OF DETAILS

---

**By signing this form I am making the following statements:**

- I declare I have fully read this form and the information completed is true and correct.
- I authorise changes to be made to my account as specified in this form.
- Where I have requested a change to my beneficiaries, I acknowledge that my new nomination replaces any previous nomination(s).

x	Signature
---	-----------

Date:
-------

Please return your completed form along with any applicable documents to **Locked Bag 5215 Parramatta NSW 2124**

**Contact Nationwide Super**

**P:** 1800 025 241

**E:** [enquiries@nationwidesuper.com.au](mailto:enquiries@nationwidesuper.com.au)

**W:** [nationwidesuper.com.au](http://nationwidesuper.com.au)