

# **Employer - Change of Details**

Use this form to change your business contact details with Nationwide Super. Print clearly in BLOCK LETTERS.

You can also make changes online by logging into your account at nationwidesuper.com.au

1. Employer details (as previously supplied)					
If you would like more details about how we collect, use and disclose your personal information, you can access the Trustee's privacy policy at nationwidesuper.com.au/privacy or call us on 1800 025 241.					
Employer ID					
Company or business name:					
Contact person:					
Business address:					
	State: Postcode:				
Daytime telephone:	NBN:				
Email address:					

### 2. Change of address (new details)

Business address:	
	State: Postcode:
Mailing address: (if different to above)	
	State: Postcode:
Daytime telephone:	Fax number:

## 3. Change of business name (new name)

Company or business name:					
Trading name: (if different to above)					

ISSUED BY TOTAL RISK MANAGEMENT PTY LIMITED ABN 62 008 644 353, AFSL NO. 238790, TRUSTEE OF THE RUSSELL INVESTMENTS MASTER TRUST ABN 89 384 753 567. NATIONWIDE SUPER IS A DIVISION OF THE RUSSELL INVESTMENTS MASTER TRUST. NW\_F\_EMPCHANGEDETAILS\_V1FF\_1811

4.	Change of	authorised	contact	people
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Primary contact person (all mail will be ad	Idressed to this person):
a. Title (please select)	
Mr Mrs Miss Ms Dr	Other >
b. Surname	
c. First name(s)	
d. Position title	
e. Daytime telephone	f. Mobile telephone
g. Email address	
Secondary contact person:	
a. Title (please select)	
a. Title (please select) Mr Mrs Miss Ms Dr	Other
a. Title (please select)	Other >
a. Title (please select) Mr Mrs Miss Ms Dr b. Surname	Other
a. Title (please select) Mr Mrs Miss Ms Dr	Other
a. Title (please select) Mr Mrs Miss Ms Dr b. Surname	Other >
a. Title (please select) Mr Mrs Miss Ms Dr b. Surname	Other >
a. Title (please select) Mr Mrs Miss Ms Dr b. Surname c. First name(s)	Other >
a. Title (please select) Mr Mrs Miss Ms Dr b. Surname c. First name(s)	Other
a. Title (please select)   Mr Mrs Miss Ms Dr   b. Surname   c. First name(s)   d. Position title	
a. Title (please select) Mr Mrs Miss Ms Dr b. Surname c. First name(s) d. Position title	

### 5. Declaration and signature

#### 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 this employer account as specified in this form.
- I acknowledge that I am authorised to request these changes on the employer's behalf.

Name:		
Signature:	Date: (DD MM YYYY)	

#### Please return your completed form to:

Nationwide Super Locked Bag A4094 Sydney South NSW 1235

#### **Contact Nationwide Super:**

P: 1800 025 241 (Toll free, Mon – Fri, 9am – 5pm AEST) E: enquiries@nationwidesuper.com.au W: nationwidesuper.com.au