

Member details

Defined benefit scheme – lifetime pension



This form can be used to update or provide details to a lifetime pension account.

Please use a dark pen and CAPITAL letters. Insert (X) when you have to choose an option.

If you have any questions, please call us on 1300 650 873.

1. Your personal details

Member number	Account number	Date of birth
<input type="text"/>	<input type="text"/> F <input type="text"/> S <input type="text"/> S <input type="text"/> U <input type="text"/>	<input type="text"/>
Title	Last name	
<input type="text"/>	<input type="text"/>	
Given name(s)		
<input type="text"/>		

2. Your updated details (please complete applicable sections only)

IMPORTANT: If you are updating your name or date of birth, you must provide certified documentary evidence. For more information see the *Proof of identity* Fact sheet.

Title	M	F	Date of birth (DD-MM-YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last name			
<input type="text"/>			
Given name(s)			
<input type="text"/>			
Residential address			
<input type="text"/>			
Suburb	State	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Postal address (if different from Residential address above)			
<input type="text"/>			
Suburb	State	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Daytime contact number	Mobile number		
<input type="text"/>	<input type="text"/>		

Email (for security reasons, please ensure that your nominated email address is your personal email address and not a role-based email address such as employee_title@company.com.au)

3. Your bank account details

Bank or financial institution name	
<input type="text"/>	
Branch	
<input type="text"/>	
BSB number	Account number
<input type="text"/>	<input type="text"/>
Account name	
<input type="text"/>	

i When supplying us with new or updated details, please ensure you provide the following:

- your full name (no initials) including given name(s) and last name;
- your full residential address (PO Boxes will not be accepted);
- date of birth.

If any of this information is not included we may need to verify your identity before accepting your request. Please refer to the *Proof of identity* Fact sheet for further details.

i **Bank details**
The bank account must be in your name or jointly with another person with your name in **Account name**. Please include a copy of your statement or passbook showing your name, address and account details.



4. Next of kin details

Last name

Given name(s)

Postal address

Suburb

State

Postcode

Daytime contact number

Mobile number

Relationship to you

5. Privacy

The personal information you provide on this form is collected by and held for Aware Super by the fund administrator, Mercer Administration, in accordance with the *Australian Privacy Principles of the Privacy Act 1988 (Cth)*, for the purpose of administering your account and providing you with services associated with your fund membership. For further information about how your personal information is handled, please call us on **1300 650 873** or visit aware.com.au/privacy to view the policy (a hard copy of the policy may also be provided on request). The policy contains information about how you may access and seek correction of your personal information, how you may complain about a breach of your privacy and other important information about how your personal information is collected, used and disclosed.

6. Declaration

- I have read and understand the Aware Super privacy policy.
- I declare that the information given in this is correct.

Signature

Date (DD-MM-YYYY)

Name (print in CAPITAL letters)

7. Where to send your completed form

Return the completed form to **Aware Super PO Box 1229 WOLLONGONG NSW 2500**. If you have any questions, please call us on **1300 650 873**.

 Please sign and date form here.

 Send the form to this address.