

Change of Details

For State Super Personal Retirement Plan, Allocated Pension Fund, Term Allocated Pension Fund or Investment Fund use only.

Complete the form using a BLACK PEN and print in clear CAPITAL LETTERS.
Mark answer boxes with a cross (X).



1. INVESTOR DETAILS (To be completed by all Investors)

Client code 1

Client code 2

Investor name(s)

Contact phone number (include area code)



For All Products 2. CHANGE OF NAME

A change of name must be accompanied by legal certification of the change, such as a Marriage Certificate or Change of Name Certificate. Only originals or certified copies of these documents will be accepted. Originals will be returned to you by registered mail.

Old name

Mr Mrs Miss Ms Other

Surname

Given name(s)

Old signature

New name

Mr Mrs Miss Ms Other

Surname

Given name(s)

New signature

Type of name change

Change by marriage Change of name certificate

Other

For All Products 3. CHANGE OF TAX FILE NUMBER (TFN) OR EXEMPTION DETAILS

I/We wish to amend my/our Tax File Number or reason for exemption as follows:

Tax File Number **OR** reason for exemption

Investor 1	<input type="text"/>
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Investor 2	<input type="text"/>
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For All Products 4. CHANGE OF CONTACT DETAILS

Old address

Residential Postal Both

Street address OR PO Box	<input type="text"/>		
Suburb	<input type="text"/>		
State	<input type="text"/>	Postcode	<input type="text"/>

New address

Street address OR PO Box	<input type="text"/>		
Suburb	<input type="text"/>		
State	<input type="text"/>	Postcode	<input type="text"/>

New home phone no. (include area code)

New work phone no. (include area code)

New fax no. (include area code)

New mobile phone no.

New email address

For State Super Investment Fund Only 5. CHANGE OF SIGNATORY DETAILS

Account number

I/We wish to alter our signatory instructions as follows: (Joint accounts only)

Either party may sign Both parties must sign

For State Super Investment Fund Only 6. CHANGE OF INCOME DISTRIBUTION DETAILS

Account number

These instructions will override all previous instructions

Please alter my/our income distribution details to:

- Reinvest income in additional units in the same Fund
 Pay income directly to bank, credit union or building society account

Name of financial institution

Branch address

BSB number

Bank account number

Account name

For State Super Investment Fund Only
7. MONTHLY WITHDRAWAL FACILITY

Important Information:

- The minimum withdrawal amount of \$500 applies to the use of this facility.
- Payments are processed by SSFS on the 15th day of each month where that day is a business day. If the 15th day of the month is not a business day, payments will be processed on the first business day before the 15th day of the month.
- Please allow 2 business days from the **date of processing** by SSFS for the money to be credited to your bank, credit union or building society account.
- These instructions will automatically override any previous instructions.
- This form must be received in our office by the 10th day of the month if charges are to take effect in the same month.
- The Authorisation in Section 10 must be signed, otherwise the request cannot be processed.

Account number Type of change requested
 Commence Alter Cease

COMMENCE/ALTER FACILITY

Amount required each month Specify first payment month
 \$. 00 /

Bank, credit union or building society account details

Name of financial institution
 Branch address
 BSB number Bank account number
 Account name

CEASE FACILITY

Withdrawals to cease after (specify last payment month) / +

For State Super Allocated Pension Fund and Term Allocated Pension Fund Only
8. CHANGE OF PENSION PAYMENT ARRANGEMENTS

Account number
 Frequency of pension payment
 Monthly Quarterly Half yearly Annually

Please change my annual pension amount:
 Note: Any change must be within minimum & maximum permitted amounts
 From (\$ per annum) . 00 ▶ To (\$ per annum) . 00

In which month would you like these changes to commence?
 /

Please alter my annual pension recalculation so that when recalculated (on 1 July each year) my annual pension is automatically set to the following amount:
 Maximum permitted Minimum permitted Current amount

For State Super Allocated Pension Fund, Term Allocated Pension Fund and Fixed Term Pension Plan Only
9. BANK, CREDIT UNION OR BUILDING SOCIETY ACCOUNT DETAILS

Account number

How do you want your pension payments to be redeemed?

Redeem in the following percentage allocation

Cash Fund	<input type="text"/>	%
Capital Stable Fund	<input type="text"/>	%
Balanced Fund	<input type="text"/>	%
Growth Fund	<input type="text"/>	%
	<input type="text"/>	%

Redeem initially from the Cash Fund until the balance is exhausted, then from the Capital Stable Fund, then from the Balanced Fund, and then from the Growth Fund until all funds are redeemed (the Trust Deed allows the Trustee to vary this sequence in the future)

Please credit all payments to the following bank, credit union or building society account. *Note: These instructions override all previous instructions*

Name of financial institution
 Branch address
 BSB number Bank account number
 Account name

10. AUTHORISATION

ALL INVESTOR(S) MUST SIGN AND DATE THIS FORM

Signature of Investor 1
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Signature of Investor 2 (if applicable)
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State Super Financial Services Australia Limited (SSFS) has implemented a privacy policy which will ensure the confidentiality and security of your personal information. The Privacy Policy expresses our commitment to the management of your personal information. The policy is available at your request, or via our website (www.ssfs.com.au).

11. OFFICE USE ONLY

Signature verified by Date verified / /