

# CATHOLIC SUPER Pension Plan

## Change of Member Details



**Address:** Level 1, 535 Bourke Street Melbourne VIC 3000; PO Box 333, Collins Street West VIC 8007

**Phone:** 1300 730 327 **Fax:** (03) 9648 4720 **Email:** info@csf.com.au **Internet:** www.csf.com.au

Please use BLOCK letters and black ink when completing this form.

This request will be invalid if unsigned.

### Section 1: Personal details *(Everyone should complete this section)*

Catholic Super Pension Number

Date of Birth (DD/MM/YYYY)

Mr/Mrs/Ms/Miss/Dr/Rev

Surname

Given Names

#### Type of Pension

Allocated Pension  Pre-retirement Allocated pension  Term Allocated Pension

### Section 2: Change of address details

#### Former or Current Address

##### Residential Address

Street Number

Street Name

Suburb / Town

State

Postcode

##### Postal Address (if different to residential address)

Street Number / PO Box

Street Name

Suburb / Town

State

Postcode

Telephone (Home)

Telephone (Business Hours)

(Mobile)

Email address

#### New Address

##### Residential Address

Street Number

Street Name

Suburb / Town

State

Postcode

## Section 2: Change of address details (cont.)

### Postal Address (if different to residential address)

Street Number / PO Box

Street Name

Suburb / Town

State

Postcode

Telephone (Home)

Telephone (Business Hours)

(Mobile)

Email address

## Section 3: Change of payment details

### Payment frequency

**ONE BOX ONLY**    twice monthly    monthly    quarterly    half-yearly    yearly

### Effective date of next payment

Note: Payments are processed on the 28<sup>th</sup> of each month

Twice monthly payments are processed on the 14<sup>th</sup> & 28<sup>th</sup> of each month

### Regular income payment **ONE BOX ONLY**

the minimum amount pa allowed under legislative guidelines

the maximum amount pa allowed under legislative guidelines

a nominated amount (subject to min/max guidelines):   \$   ,   .   per payment

## Section 4: Change of Bank Account details

### I would like to change my bank account details to the following

Name of Bank, Building Society or Credit Union

BSB number

Account number

Account Name

## Section 5: Change of name (if applicable)

\* please attach a certified copy of appropriate Change of Name evidence, (i.e marriage certificate, birth certificate, deed poll, etc)

Mr/Mrs/Ms/Miss/Dr/Rev

Surname

Given Names

Former Signature

New Signature

## Section 6: Completing Proof of Identity

You will need to provide **certified documentation** to prove you are the person to whom the superannuation entitlements belong. Please tick the relevant box/es to indicate which of the following acceptable certified documents you have attached to this form. **(Only provide original documents if you are submitting this form in person at a Fund office).**

EITHER:	OR	AND
<p><b>One of the following documents only:</b></p> <p><input type="checkbox"/> A current driver's licence or permit issued under the law of a State or Territory; or</p> <p><input type="checkbox"/> A passport issued by the Commonwealth which can be up to two years out of date;</p> <p>that contains a photograph of the person in whose name the document is issued.</p>	<p><b>One of the following documents:</b></p> <p><input type="checkbox"/> birth certificate or birth extract</p> <p><input type="checkbox"/> citizenship certificate issued by the Commonwealth</p> <p><input type="checkbox"/> pension card issued by Centrelink that entitles you to financial benefits.</p>	<p><input type="checkbox"/> notice issued by Commonwealth, State or Territory Government within the past 12 months, containing your name and residential address, recording the provision of financial benefits (Not applicable if you are also providing a pension card)</p> <p><input type="checkbox"/> notice issued by the ATO within the past 12 months that contains your name and residential address</p> <p><input type="checkbox"/> notice issued by a local council or utilities provider within the past three months that contains your name and residential address.</p>

If you are unable to provide accepted certified documents, please contact Catholic Super for other options.

### Certification of personal documents

All copied pages of **original** proof of identification documents (including any linking documents) need to be certified as true copies by any individual approved to do so (see below). The person who is authorised to certify documents must sight the original and the copy and make sure both documents are identical, then make sure all pages have been certified as true copies by writing or stamping 'certified true copy' followed by their signature, printed name, qualification (eg Justice of the Peace, Australia Post employee, etc) and date. The following people can certify copies of the originals as **true and correct** copies:

- a person enrolled on the roll of the Supreme Court of a State or Territory or the High Court of Australia, as a legal practitioner
- a judge of a court
- a magistrate
- a Chief Executive Officer of a Commonwealth court
- a registrar or deputy registrar of a court
- a Justice of the Peace
- a notary public officer **(for the purposes of the Statutory Declaration Regulations 1993)**
- a police officer
- a permanent employee of the Australian Postal Corporation with five or more years of continuous service who is employed in an office supplying postal services to the public
- an Australian consular officer or an Australian diplomatic officer (within the meaning of the **Consular Fees Act 1955**)
- a finance company officer with five or more years of continuous service with one or more finance companies **(for the purposes of the Statutory Declaration Regulations 1993)**
- an officer with, or authorised representative of, a holder of an Australian Financial Services Licence (AFSL), having five or more years continuous service with one or more licensees

## Section 7: Declaration

I request and authorise that the change(s) I have indicated on this form be made to my Pension account.

I accept the conditions set out in the Trust Deed and Rules of the Catholic Superannuation Fund as amended from time to time.

I have read and understand the Trustee's Privacy Statement contained in the Annual Report to Members and Employers outlining the manner in which the Trustee complies with the requirements of the Privacy Act 1988 (Commonwealth).

Signature of applicant

Date (DD/MM/YYYY)

Return the completed, signed and dated application to:

Catholic Super  
PO Box 333  
Collins Street West VIC 8007