

CATHOLIC SUPER Pension Plan

Change of Member Details form



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

Phone: 1300 550 273 **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)	
<input type="text"/>	<input type="text"/>	
Mr/Mrs/Ms/Miss/Dr/Rev	Surname	
<input type="text"/>	<input type="text"/>	
Given Names		
<input type="text"/>		
Type of Pension		
<input type="checkbox"/> Allocated Pension	<input type="checkbox"/> Pre-retirement Allocated pension	<input type="checkbox"/> Term Allocated Pension

Section 2: Change of address details

Former or Current Address			
Street Number	Street Name / PO Box		
<input type="text"/>	<input type="text"/>		
Suburb / Town	State	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Telephone (Home)	Telephone (Business Hours)		
<input type="text"/>	<input type="text"/>		
(Mobile)	<input type="text"/>		
Email address			
<input type="text"/>			
New Address			
Street Number	Street Name / PO Box		
<input type="text"/>	<input type="text"/>		
Suburb / Town	State	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Telephone (Home)	Telephone (Business Hours)		
<input type="text"/>	<input type="text"/>		
(Mobile)	<input type="text"/>		
Email address			
<input type="text"/>			

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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 28th of each month
Twice monthly payments are processed on the 14th & 28th 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 clear 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: 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