

Change of personal details form

Complete this form if any of your details have changed since you joined CSR Super or if you would like to change your address, name, suggested beneficiaries, or provide a more recent suggested beneficiaries nomination.

This section must be completed.

Your current membership details

Surname	Membership No.
<input type="text"/>	<input type="text"/>
Given names	
<input type="text"/>	
Date of birth (DD/MM/YY)	
<input type="text"/> / <input type="text"/> / <input type="text"/>	Please <input checked="" type="checkbox"/> indicate your Division <input type="checkbox"/> Division Two <input type="checkbox"/> Division Three

Your change of address details

Previous address		
<input type="text"/>	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential address (must be provided)		
<input type="text"/>	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Postal address (if different from above)		
<input type="text"/>	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone (home)	Telephone (work)	
<input type="text"/>	<input type="text"/>	
Mobile number	Email address*	
<input type="text"/>	<input type="text"/>	

*Please provide your email address if you agree to be contacted electronically

Please attach an original certified copy of your evidence of your change of name.

Your change of name details

Previous name	
<input type="text"/>	
New name	
<input type="text"/>	
Old signature	New signature
<input type="text"/>	<input type="text"/>

Please complete page 2 

Please return this completed form to:
CSR Super
PO Box 744
Chatswood NSW 2057
Level 2, 9 Help Street
Chatswood NSW 2067
Phone (02) 9235 8533
Fax (02) 9235 8577

Change of personal details form (cont)

Please attach a separate sheet if you have more than four nominations.

Your suggested beneficiaries – non binding nominations

This nomination replaces any earlier nominations you have made. Please contact CSR Super for a copy of the Product Disclosure Statement or visit www.csrsuper.com.au for more information on Death Benefit nominations.

Full name	Address	Relationship	Proportion of benefit
			<input type="text"/> %
			<input type="text"/> %
			<input type="text"/> %
			<input type="text"/> %

Please sign and date this form

Declaration

I confirm that I have read the fund's Privacy Collection Statement and consent to the Trustee collecting, using, storing and disclosing personal information about me in accordance with the Privacy Collection Statement.

Signature

Date (DD/MM/YY)

 / /

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