

Change of Membership Details

Read all the information on the back of this form to help you complete your Change of Membership Details correctly

Complete this form in BLACK ink using BLOCK letters | Any request will be invalid if not signed and dated
Please mail this form to: AMIST Super Administration, Locked Bag 5390, Parramatta NSW 2124 | Tollfree. 1800 808 614

Section 1. Existing Membership Details (compulsory)

AMIST Super Member Number	Date of Birth	
<input type="text"/>	<input type="text"/>	
Mr/Mrs/Ms/Miss	Surname	
<input type="text"/>	<input type="text"/>	
Given Names		
<input type="text"/>		
Street Number / PO Box	Street Name	
<input type="text"/>	<input type="text"/>	
Suburb / Town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 2. Updating Membership Details

Mr/Mrs/Ms/Miss	Surname	
<input type="text"/>	<input type="text"/>	
Given Names		
<input type="text"/>		
Street Number / PO Box	Street Name	
<input type="text"/>	<input type="text"/>	
Suburb / Town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Daytime phone number	Email Address (upper and lower case where applicable)	
<input type="text"/>	<input type="text"/>	

NOTE: If your date of birth differs from your existing membership details, evidence must be provided. (eg. driver's licence, birth certificate) Evidence of a name change must be attached (eg. copy of marriage certificate, deed poll or decree nisi) **Do not send originals unless requested.**

Section 3. Preferred Beneficiary

Mr/Mrs/Ms/Miss	Surname	Given Names	Relationship (eg. wife, son)	Portion of Benefit	Use whole numbers	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		%
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		%
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		%
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		%

Total must add up to: 100%

4. Privacy

Please read the Privacy Declaration on the back of this form before signing.

Member's Signature

Date (dd/mm/yyyy)

How to complete this form

Compulsory Details

Please complete your membership number, full name & date of birth details. Completing your full name & date of birth details will enable us to locate your account, should you be unable to supply us with your membership number. Avoid the use of initials.

Change of name

Complete sections 1, 2, & 4.

Please enter your change of name details

(evidence of a name change must be attached eg - copy of marriage certificate, deed poll, decree nisi certified as a true copy of the original by a Justice of The Peace or other person authorised to verify documents).

Change of preferred beneficiary (ies)

Complete sections 1, 3 & 4.

Further information about nominating your preferred beneficiary

Please ensure that where you are nominating more than one beneficiary that the amounts you have allocated add up to 100%.

You should also note that whilst the Trustee will use your nomination of preferred beneficiaries as a guide, they are bound by Federal Government regulations as to whom payment can be made.

Please refer to the AMIST Super Product Disclosure Statement for more details. A copy can be downloaded from the AMIST Super website or you can obtain a copy by calling the member hotline on 1800 808 614.

Declaration

You must sign and date Section 4 before returning the form.

Privacy

Please note that by sending AMIST Super personal information about yourself, you are agreeing to the following:

1. That you have read the AMIST Super Privacy Statement and understand how AMIST intends to protect your personal details, particularly in relation to the collection, storage, quality, use and disclosure (sharing) of personal information.
2. That AMIST Super can use it for the purposes of running your superannuation account. If you have any questions about your rights under the privacy legislation, please call AMIST Super on 1800 808 614.

I declare that all of the above details are correct: If I have completed section 3, I nominate the above person(s) as my preferred beneficiary(ies) for the payment of my benefit in AMIST Super when I die. If I have nominated a person(s) other than a spouse or a child as a preferred beneficiary(ies), I declare that s/he is either partially or wholly financially dependent on me. I understand that: 1. My nomination will be used by the Trustee as a guide only; and 2. The Trustee is not in any way bound by my nomination when exercising its absolute discretion to pay my benefit in AMIST Super when I die.



AMIST Super Administration
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