

Change details advice

If you need help

For assistance call ANZ Staff Super on 1800 000 086, or go to anzstaffsuper.com.

Step 1 – Complete your pe	ersonal details	Please print in black or blue pen, in uppercase, one character per box.	A 🗸
I authorise you to make the changes noted in Steps 2 and 3 in respect to the following information.			
Member number	Date of birth		
Given names			
Surname			
Daytime Telephone	Mobile		
E-mail			
Comments (if applicable)			
Effective date of change / / / / / / / / / / / / / / / / / / /			
Step 2 – Advise details of	new name (if applicabl	e)	
Insert new surname			
Insert new given names if (changed)			
Select new Title (if changed)			
Mr Mrs Ms Miss Other			-
I have attached a certified copy of my Marriage Certificate, Deed Poll or change of name certificate from Births, Deaths and Marriages Registration office to support my name change.			

Continued over

Please return your completed form to: ANZ Staff Super GPO Box 2139 Melbourne VIC 3001

Address Insert new residential address Suburb Insert new postal address Suburb State Postcode Insert new postal address Suburb State Postcode If you wish to advise your Tax File Number (TFN) please complete the Providing your tax file number form. If you wish to update your preferred beneficiaries please complete the Nominating your beneficiaries form. Both forms can be accessed on the website anzstaffsuper.com

Protecting members' privacy

The Trustee, ANZ Staff Superannuation (Australia) Pty Limited, seeks to take all reasonable steps to protect members' privacy and the confidentiality of members' personal information.

The administrator, Australian
Administration Services Pty Limited,
collects (on behalf of the Trustee)
personal information directly from
members and their employers. Sometimes
information about you may be collected
from other third parties such as a previous
superannuation fund, your financial adviser
or publicly available sources. We collect,
use and disclose personal information
about you to provide and manage your
account and give you information about
your super, or as required by super and
tax laws.

If you do not provide the personal information requested or it is incomplete or inaccurate, we may not be able to manage your account properly and processing of transactions to, from or in relation to your account may be delayed.

Members' personal information is kept confidential but may be disclosed by the Trustee or administrator to third parties, such as ANZ Staff Super's actuary, insurer, medical consultants, underwriter, legal adviser and auditor and other external service providers who are contracted to assist with administering members' benefits. It may also be disclosed where expressly authorised or required by law, for example to government agencies such as the Australian Taxation Office and Australian Financial Complaints Authority. Members' personal information may also be disclosed to the Group Superannuation Department of ANZ for the purposes of administering members' benefits or resolving members' enquiries or complaints.

Members' personal information may be disclosed to related entities of the administrator located overseas as part of the day-to-day provision of administration or ancillary services. The Trustee's Privacy Policy Statement contains more detail about how we deal with your personal information and information about how you can access and seek correction of information we hold about you. It also includes information about how you can lodge a complaint about how we've dealt with your personal information and how that complaint will be handled.

If you have any queries in relation to privacy issues, please contact:

ANZ Staff Super

Mail: GPO Box 2139

Melbourne VIC 3001

Phone: 1800 000 086 Fax: (02) 9287 0320

Email: enquiry@anzstaffsuper.com
The Trustee's Privacy Policy Statement is
available on ANZ Staff Super's website
anzstaffsuper.com or by calling us on
1800 000 086. You can also access
the administrator's privacy policy on our
website.

Step 4 - Sign the form

I authorise you to make the changes noted on this form in respect to the information provided in Steps 1, 2 and 3. I consent to my information being collected, disclosed and used in the manner set out in this form.		
Signature	Date	
X		
Please return your completed form to: ANZ Staff	Super, GPO Box 2139, Melbourne VIC 3001	