

Change of Member Details Form



Section 1: EXISTING DETAILS

Membership Number:	<input type="text"/>		
Surname:	<input type="text"/>	Salutation:	<input type="text"/>
Given Name(s):	<input type="text"/>	Date of Birth:	<input type="text"/>
Postal Address:	<input type="text"/>		
Suburb:	<input type="text"/>	State:	<input type="text"/>
		Postcode:	<input type="text"/>
Residential Address:	<input type="text"/>		
Suburb:	<input type="text"/>	State:	<input type="text"/>
		Postcode:	<input type="text"/>
Telephone (BH):	<input type="text"/>	(AH):	<input type="text"/>
		Mobile:	<input type="text"/>
Email:	<input type="text"/>		

Section 2: UPDATED MEMBER DETAILS

Surname:	<input type="text"/>	Salutation:	<input type="text"/>
Given Name(s):	<input type="text"/>	Date of Birth:	<input type="text"/>
Postal Address:	<input type="text"/>		
Suburb:	<input type="text"/>	State:	<input type="text"/>
		Postcode:	<input type="text"/>
Residential Address:	<input type="text"/>		
Suburb:	<input type="text"/>	State:	<input type="text"/>
		Postcode:	<input type="text"/>
Telephone (BH):	<input type="text"/>	(AH):	<input type="text"/>
		Mobile:	<input type="text"/>
Email:	<input type="text"/>		

Section 3: PROOF OF IDENTITY

If you have changed your name or are signing on behalf of the member, you will need to provide a linking document. A linking document is a document that proves a relationship exists between two or more names.

Information about suitable linking documents are listed below.

Purpose	Suitable linking document
Change of name:	Certified Copy of Marriage Certificate, Deed Poll or Change of Name Certificate from the Births, Deaths and Marriages Registration Office.
Change of date of birth:	Certified Copy of Birth Certificate and Statutory Declaration
Signed on behalf of member:	Certified Copy of Guardianship Papers or Power of Attorney

Please note that if you are making a change to your NQ Super & Pension account that requires one of the above documents, the original certified copies must be sent via the post. Email copies of these documents will not be accepted.

Section 4: NOMINATION OF PREFERRED BENEFICIARY/S

In the event of my death, please pay my remaining balance to:

Full Name of Preferred Nominated Beneficiary	Date of Birth	Relationship	% of Benefit
			Total 100%

Important Information about preferred beneficiary/s

Nomination of Beneficiary/s I acknowledge that my nomination as to the beneficiary or beneficiaries above is not binding on the Trustee and that it retains absolute discretion as to the recipients of such benefit.

Section 5: DECLARATION

1. Trust Deed: I/we undertake to observe and be bound by the provisions of the Trust Deed for NQ Super & Pension dated 12 May 2000 as amended from time to time.
2. Authority: The Trustee of NQ Super & Pension is authorised to accept on my/our behalf the signature of any person as advised by me (including those nominated hereunder) for the purpose of supplying to the Trustee or its authorised representative any request for payment of moneys from NQ Super or making any communication required to facilitate the administration of NQ Super & Pension.
3. No Guarantee: I understand that a members account can rise and fall, and that neither the Trustee, nor any of its directors, Acclaim Management Group Limited, nor any of its directors, nor any of the fund managers nominated in this document guarantee the performance of the fund.
4. Privacy Statement: I acknowledge that I have read and understood the Privacy Statement.
5. Nomination of beneficiary: I acknowledge that my/our nomination as to the beneficiary or beneficiaries above is not binding on the Trustee and that it retains absolute discretion as to the recipients of such a benefit.
6. Tax File Numbers: I acknowledge that I have read and understood the information about quotation of tax file numbers contained in the PDS, in particular, that failure to provide a tax file number may result in higher tax being applied to my concessional contributions or member contributions made by me or on my behalf being rejected by the Fund.
7. I acknowledge that the Trustee cannot provide me with advice about the Fund that relates to my personal circumstances and that for such advice I should consult an appropriately qualified adviser.

Signature:

Date:

Please return this completed form to NQ Super & Pension PO Box 3528, Tingalpa DC Qld 4173 or email to info@nqsuper.com.au

Phone: 1300 986 450 Fax: (07) 3902 9899 Website: www.nqsuper.com.au

We are committed to respecting the privacy of the personal information you give us.

Our formal Privacy Statement sets out how we do this. If you would like a copy of NQ Super's Privacy Statement, please let us know. We have published our Privacy Statement on our website at www.nqsuper.com.au