

## COMBINED FUND

### MEMBER ACCOUNT AMENDMENT FORM

**MEMBER BASIC DETAILS (must be completed in all cases)**

Member's Name: \_\_\_\_\_  
Surname Given Names

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Name of Employer: \_\_\_\_\_

**CHANGE OF ADDRESS** Please change my postal address to:

\_\_\_\_\_  
 \_\_\_\_\_ State \_\_\_\_\_ Post Code \_\_\_\_\_

**\*CHANGE OF NAME** Please change my Name to:

Surname: \_\_\_\_\_ Given Names \_\_\_\_\_

\*Please attach a certified copy of your Marriage Certificate or Deed Poll showing your change of name. See page 3 for information regarding certification of documents.

**NOMINATED DEPENDANTS – This replaces any previous nomination**

Name	Relationship	Allocation
		%
		%
		%
		%
		%

This nomination may be revoked at any time and will be replaced by any subsequent nomination. It is not binding on the Trustee but your wishes will be followed where possible. Under the Trust Deed governing the Fund, your death benefit can be paid only to a Dependant. If you have no Dependents, the benefit will automatically be paid to your estate or your legal personal representative. Dependents include:

- Your spouse (including a de facto spouse who can be of the same sex as you).
- Your children (including adult, adopted, ex-nuptial and foster children, a ward of you or your spouse, a child for whom you or your spouse are standing in loco parentis and a person who is a child of you or your spouse within the meaning of the Family Law Act 1975).
- Any other persons who are wholly or partially financially dependent on you (ie. they rely upon you for financial support).
- An Interdependant. This is a person with whom you live and have a close personal relationship. One of you must rely upon the other for financial support and one of you must provide the other with domestic support and personal care.

**Note: Your mother, father, sister, brother and other relatives and friends are NOT Dependents unless they rely upon you for financial support or meet the definition of an Interdependant.**

In any event, you should make a Will or ensure that your present Will is valid and up to date.

If you do not have any dependants now, please tick this box.  In the event of your death, the Fund benefit will be paid to your estate or your legal personal representative.

**INSURANCE CHANGES (please change my insurance cover as follows):**

**LUMP SUM DEATH/TOTAL AND PERMANENT DISABLEMENT COVER (Tick one)**

- Increase my insured amount for death only to: \_\_\_\_\_
- Increase my insured amount for death and total and permanent disablement to: \_\_\_\_\_
- Decrease my insured amount for death only to: \_\_\_\_\_
- Decrease my insured amount for death and total and permanent disablement to: \_\_\_\_\_
- Terminate my death only insurance cover
- Terminate my death and total and permanent disablement insurance cover

**DISABILITY INCOME COVER (Salary Continuance Insurance) (Tick one)**

- Establish a 2-year insured benefit
- Establish an age 65 insured benefit
- Extend my 2-year insured benefit to an insured benefit payable up to age 65
- Replace my age 65 insured benefit with 2-year insured benefit
- Terminate my salary continuance insurance

**Note: Any increase in insured benefit will not be provided until accepted by the Fund's insurer.**

**SIGNED BY MEMBER**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **CERTIFICATION OF PERSONAL DOCUMENTS**

**All copied pages of ORIGINAL proof of identification documents need to be certified as true copies by any individual approved to do so (see below).**

The person who is authorised to certify documents must sight the original and the copy and make sure both documents are identical, then make sure all pages have been certified as true copies by writing or stamping 'certified true copy' followed by their signature, printed name, qualification (eg Justice of the Peace, Australia Post employee, etc) and date.

The following can certify copies of the originals as **true and correct** copies:

- a member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants with two or more years of continuous membership
- a permanent employee of Australia Post with five or more years of continuous service who is employed in an office supplying postal services to the public
- a finance company officer with five or more years of continuous service (with one or more finance companies)
- an officer with, or authorised representative of, a holder of an Australian Financial Services Licence (AFSL), having five or more years continuous service with one or more licensees
- a notary public officer
- a police officer
- a registrar or deputy registrar of a court
- a Justice of the Peace
- a person enrolled on the roll of a State or Territory Supreme Court or the High Court of Australia as a legal practitioner
- an Australian consular officer or an Australian diplomatic officer
- a judge of a court
- a magistrate, or
- a Chief Executive Officer of a Commonwealth court.

### **IMPORTANT NOTE**

A person who is entitled to witness a signature on a Statutory Declaration **may not** be eligible to certify a copy of an original. **For example, we cannot accept copies which have been certified by pharmacists, medical practitioners, dentists, teachers etc.**