# Change my details



## Super SA - For all schemes

Please complete all the details on this form in **BLOCK LETTERS** using a **BLACK PEN** and return to Super SA via post or email.

To find out more visit supersa.sa.gov.au or call (08) 8214 7800



#### **1. Existing Personal Details** Title Given Name(s) Date of birth 1 Family Name Email address\* Mobile phone\* Work phone Home phone Street address Suburb State Postcode Postal address (if different from above) Suburb State Postcode If you are changing your name, please sign in the box below using your previous signature. X Signature Date

\*By providing your email address and/or telephone number(s) you are agreeing to receive, from Super SA, or an organisation on behalf of Super SA, marketing communications including newsletters, announcements, invitations or surveys. You may opt out of these marketing communications at any time by updating your communication preferences in our online member portal or by contacting Super SA. If you opt out of marketing communications, you will still receive important account information from us.

2. Which schemes are you a member?							
Triple S	Flexible Rollover Product	Lump Sum					
Pension Scheme	Income Stream	Superannuant					
Super SA Select	SA Ambulance Service	Other					

**IMPORTANT:** You are able to change your contact details over the phone. Please call our local member services team on (08) 8214 7800.

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### 3. Please update my details:

If you are changing your name, or your correcting your date of birth, you must provide evidence (certified evidence listed below).

#### Name

Attach my certified proof of identity to this form (e.g. marriage certificate, decree nisi or change of name certificate from the Births, Deaths and Marriages Registration Office). Date of Birth Attach certified proof of identity to this form. (e.g. driver's license or passport).

Address and/or email address

4. Confirm your updated personal details							
Title	Given Name(s)			Date of birth			
				D D / M M	/ Y Y Y Y		
Family Name							
Email address							
Mobile phone		Work phone		Home phone			
Street address							
Suburb				State	Postcode		
Postal address (if different fr	rom above)						
Suburb				State	Postcode		

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### 5. Member declaration

I declare that the information I have provided on this form is true and correct.

Signature 🗶

Date D D / M M / Y Y
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A 'certified copy' is a copy of an original document that has been signed and certified by an authorised person.
The authorised person must see the original document and certify that the copy is a 'certified true copy of the original document'.
All pages of the document need to be certified as a true copy of the original by writing certified true copy' on each page.
For more information on who can certify documents please refer to the Proof of Identity (POI) information sheet.

Return form by	Contact us		
🛞 EMAIL supersa@sa.gov.au, or	<b>WEBSITE</b> supersa.sa.gov.au	<b>PHONE</b> (08	) 8214 7800
POST GPO Box 48, Adelaide SA 5001	MEMBER CENTRE (Appointment	<b>preferred)</b> 151 Pirie S	t Adelaide SA 5000
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