

Change of details form



AT YOUR FINANCIAL SERVICE®

Suncorp Portfolio Services Limited ABN 61 063 427 958 (Trustee)
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Please complete this form in a blue or black pen, using BLOCK letters and cross (X) to mark answer boxes.

Any questions? If you have any questions in regards to completing this form, please contact your adviser or Asteron Client Services on the following numbers:

- If you are a member of Optimum or Wealthstar – 1800 819 499
- If you are a member of Optimum Corporate for Standard Pacific – 1800 232 001
- If you are a member of Connelly Temple, Partnership or Workforce – 1300 361 755

This form can be used to change your:

- Name
- Address details
- Tax File Number (TFN)
- Method of receiving your annual report
- Bank account details
- Occupation

Important: Please ensure we have your Tax File Number

Providing your TFN is not compulsory. However if you do not give us your TFN:

- We will not be able to accept non-concessional contributions (includes personal after tax contributions made and spouse contributions received).
- You may pay additional tax on concessional contributions (includes personal before tax contributions, salary sacrifice, additional employer and compulsory employer contributions).

It's easy to give us your TFN and there are lots of different ways to do so. Simply do one of the following:

- Call Asteron Client Services and tell us your TFN over the phone.
- Email your TFN to us at tfn@asteron.com.au
- Complete and send us this form.
- Submit your TFN to us via our website at www.asteron.com.au

A. Personal details

Please provide your Asteron account number below

Account number	<input type="text"/>
Product name	<input type="text"/>
Title	<input type="text"/>
Given name(s)	<input type="text"/>
Surname	<input type="text"/>
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>
Street address	<input type="text"/>
Suburb/Town	<input type="text"/>
State	<input type="text"/>
Postcode	<input type="text"/>
Phone (home)	<input type="text"/>
Mobile	<input type="text"/>
Email	<input type="text"/>

B. Change of name

Former name	<input type="text"/>
Former Signature	<input type="text" value="X"/>
New name	<input type="text"/>
New Signature	<input type="text" value="X"/>

PLEASE ATTACH AN ORIGINAL CERTIFIED COPY OF OFFICIAL DOCUMENTATION (IE, MARRIAGE CERTIFICATE AND/OR CHANGE OF NAME CERTIFICATE)

PLEASE COMPLETE THE FOLLOWING PROOF OF IDENTITY

If proof of identity has not been previously completed, you will need to prove your identity by selecting an item from PART A below, or if you cannot provide any of the listed documents, select two items from PART B.

We require proof of identity BEFORE we can proceed with your instructions as provided in this form.

Documents written in a language other than English must be accompanied by an English translation prepared by a NAATI accredited translator (see www.naati.com.au)*. We are not responsible for the content of external websites.

PART A – ACCEPTABLE PHOTOGRAPHIC IDENTIFICATION DOCUMENTS – ONE ITEM REQUIRED

Select ONE item from this section, which MUST contain your NAME, PHOTO and either DATE OF BIRTH or RESIDENTIAL ADDRESS.

- A current driver's licence
- A current Australian passport (or one which has expired within the last two years)
- A current Proof of Age Card issued under an Australian State/Territory (including 18+ and Birth Cards)
- A current foreign passport or similar travel document also containing your signature issued by a government, the UN or agency of the UN
- A National Identity Card issued by a foreign government also containing your signature

PART B – OTHER ALTERNATIVE IDENTIFICATION DOCUMENTS - TWO ITEMS REQUIRED (this section is only required if a PART A item could not be provided)

Select ONE item from this section

- An Australian birth certificate/extract
- A citizenship certificate
- A foreign birth certificate issued by a government, the UN, or agency of the UN
- A current Centrelink Card AND

Select ONE item from this section which MUST contain your NAME and RESIDENTIAL ADDRESS

- A notice issued by the Commonwealth, State or Territory within the last twelve months recording the provision of financial benefits to you
- A notice issued by the Australian Taxation Office within the last twelve months recording a debt payable by you to the Commonwealth (or by the Commonwealth to you)
- A notice issued by a local government body or utilities provider (eg gas, electricity, phone) within the last three months recording the provision of services to your address or to you
- If you are under age 18, a letter written less than three months ago, from your school principal recording how long you have attended that school

PART C – FOR USE WHERE RESIDENTIAL ADDRESS IS NOT IN AUSTRALIA OR NEW ZEALAND - ONE ADDITIONAL ITEM REQUIRED

In addition to PART A requirements above please select:

- ONE additional item from PART A

OR

- ONE item from any section in PART B.

Certification procedure (Where not being assisted by an adviser)

If an adviser is not assisting you with this transaction, to prove your identity, you will need to:

- take the originals of your selected identification documents to a certifier (see 'Acceptable Certifiers' on the next page) who will certify that the original documents have been sighted
- ensure the certifier copies the originals and signs the copy confirming that it is a true copy of the original document and includes on the copy the date, their name and designation from the list in 'Acceptable Certifiers' on the next page and
- mail this form and your certified copy(s) of identification to us. (We cannot accept facsimiles or copies of the certified documents.)

ACCEPTABLE CERTIFIERS

Who to see	Conditions and definitions
Australia Post	An agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public; or a permanent employee of the Australian Postal Corporation with two or more years of continuous service who is employed in an office supplying postal services to the public.
Banking and other financial institutions	An officer with two or more continuous years of service with one or more financial institutions or a finance company officer with two or more continuous years of service with one or more financial companies. This includes Suncorp and its subsidiaries.
Justice of the Peace Or Notary Public	An individual appointed by the courts whose duties include certifying documents.
Legal Professionals/ Law Enforcement	A person who is enrolled on the roll of the Supreme Court of a State or Territory, or High Court of Australia, as a legal practitioner. Other professionals include a judge of a court; a magistrate; a chief executive officer of a Commonwealth court; a registrar or deputy registrar of a court, or a police officer.
Accountants	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.
Consular or Diplomatic Officer	An Australian Consular Officer or an Australian Diplomatic Officer.

Verification Procedure (Where being assisted by an adviser, the adviser must complete this section.)

Verify your client’s full name and EITHER their date of birth or residential address from the ORIGINAL copies of identification documents provided above and:

- ensure your client has completed PART A, or PART B if your client does not own a document from PART A, and PART C if residing overseas.
- complete this section to indicate the details of the verification procedure conducted.
- ensure original documentation is sighted when meeting your client face to face (certified copies are only acceptable if you do not meet face to face and they must meet the requirements detailed in the section above).
- verify that the documents have not expired (except for an Australian passport which has expired in the last two years).

Advisers, please DO NOT attach copies of the identification documents when forwarding this form.

ID DOCUMENT DETAILS	Document 1	Document 2 (if using PART B or PART C)
Verified From	<input checked="" type="checkbox"/> Original <input checked="" type="checkbox"/> Certified Copy**	<input checked="" type="checkbox"/> Original <input checked="" type="checkbox"/> Certified Copy**
Document Type/Issuer	<input type="text"/>	<input type="text"/>
Issue Date	<input type="text" value=" d d "/> / <input type="text" value=" m m "/> / <input type="text" value=" y y y y "/>	<input type="text" value=" d d "/> / <input type="text" value=" m m "/> / <input type="text" value=" y y y y "/>
Expiry Date (if applicable)	<input type="text" value=" d d "/> / <input type="text" value=" m m "/> / <input type="text" value=" y y y y "/>	<input type="text" value=" d d "/> / <input type="text" value=" m m "/> / <input type="text" value=" y y y y "/>
Document Number (if any)	<input type="text"/>	<input type="text"/>
Accredited English Translation	<input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> Sighted*	<input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> Sighted*
Verified Date	<input type="text" value=" d d "/> / <input type="text" value=" m m "/> / <input type="text" value=" y y y y "/>	<input type="text" value=" d d "/> / <input type="text" value=" m m "/> / <input type="text" value=" y y y y "/>
Adviser’s Name	<input type="text"/>	Ph <input type="text"/>
Adviser’s Organisation	<input type="text"/>	Adviser No <input type="text"/>

* If you are able to translate your client’s non-English proof of identification documents you can do so, otherwise a NAATI accredited translator must provide the translation BEFORE verification can occur.

** Certified copies of documentation are only permitted where an adviser has not assisted the client face to face.

C. Change of contact details

Home address	
Street address	<input type="text"/>
	<input type="text"/>
Suburb/Town	<input type="text"/>
State	<input type="text"/> Postcode <input type="text"/>
Phone (home)	<input type="text"/> <input type="text"/> <input type="text"/> (work) <input type="text"/> <input type="text"/> <input type="text"/>
Mobile	<input type="text"/> <input type="text"/> <input type="text"/> Fax <input type="text"/> <input type="text"/> <input type="text"/>
Email	<input type="text"/>
	<input type="text"/>
Postal address (if different from above)	
Street address/ PO Box	<input type="text"/>
	<input type="text"/>
Suburb/Town	<input type="text"/>
State	<input type="text"/> Postcode <input type="text"/>

D. Tax File Number (TFN) notification

We are authorised to collect your TFN under the Superannuation Industry (Supervision) Act. Where we collect your TFN, it will be kept confidential and only used for lawful purposes which may include:

- finding or identifying your superannuation funds
- calculating tax on any superannuation lump sums
- providing your TFN and other information to the ATO
- providing your TFN to your future superannuation fund trustee or Retirement Savings Account (RSA) provider if you are transferring your account. We will not pass on your TFN if you write to us and tell us not to. We will not disclose your TFN to anyone else.

Providing your TFN is voluntary and declining to quote your TFN is not an offence. However, if you do not provide us your TFN, then:

- you may pay more tax than would otherwise be payable
- it may be difficult to find or consolidate your superannuation funds in the future
- we will not be able to accept any non-concessional contributions.

As a result of changes to the law, the purposes for which we can use your TFN and the consequences of not providing it to us may change in the future.

TFN

E. Annual reports

- I wish to have the report sent to me by post
- I agree to receive the report by an electronic link sent to my email, instead of receiving it in the mail. (Please ensure you have provided your email address in the 'Contact details' section.)
- I agree to obtain the report from your website via www.asteron.com.au

F. New bank account details (pension and annuity account holders only)

Please complete this section for receipt of payment bank account details only. If you wish to amend your direct debit bank account details, please complete a Direct Debit Request form.

Name of account holder

Bank, Credit Union or Building Society

Branch

Branch BSB - Account No.

This change will be effective from / /

G. Change of occupation

Please do not complete this section if you are a member of an employer-sponsored plan, as your employer must provide us with any change to your occupation details.

Please select one:

I am retired

I am not retired (please list your occupation below).

H. Member declaration and signature

- I hereby declare that the information provided above is true and correct.
- I request that Asteron make the changes as marked on this form.
- I acknowledge that my Tax File Number (TFN) will be used by the Trustee for the lawful purpose of administering my account and will be kept confidential at all times. I am aware that I am not required to provide a TFN and that it is not an offence to withhold my TFN.
- I have read the relevant Product Disclosure Statement.

Signature of member

Date / /

Please send the completed form to: **Asteron Client Services**
GPO Box 1576
Sydney NSW 2001