

Change of Member Details Form

Acclaim
WEALTH



Section 1: Existing 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"/>	Membership number:	<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"/>	Membership number:	<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 account that requires one of the above documents, please also supply us with an original certified copy of your photographic identification document via post, or you can submit with this form a scanned non-certified colour copy of your photographic identification. The Australian government's document verification service (DVS) has made the 'card number' a mandatory field to verify Australian drivers' licences. The card number is a unique number attributed to a driver's licence in Australia. If you are supplying a driver's licence as your form of identification, **please provide both the front and back of your licence** to ensure we can verify your identity.

If you supply us with a scanned copy of your identification we also need to electronically verify your identity. If you do not want us to identify you electronically please supply us with original certified copies of your identification via post. If you have any questions around this process please contact us on 1300 264 264.

When you opt for electronic verification, the details of the documents you provide to us will be submitted to the DVS. The DVS is a national online system that allows organisations to compare an individual's identifying information with a government record. Information about their privacy policy is available from their website: <http://www.dvs.gov.au>.

If you would like to proceed with electronic verification please tick each of the consent boxes below:

- You consent to us electronically verifying your identity; AND
- You are authorised to provide the identification documents to us; AND
- You understand that the details of the identification documents will be checked against the Australian government's document verification service.

Please note that we are unable to make any payment until your identity has been verified either by this method, or by receiving a certified original copy of your identification by post.

We are unable to electronically verify identity documents issued from overseas. If you only have foreign identity documents please send us a certified original copy of your documents, accompanied by a translation document from an accredited translator if necessary, via post. For more information around this please contact us on 1300 264 264.

Section 4: Nomination of preferred beneficiary/s

In the event of my death please pay my remaining balance to: my estate or the following nominated dependants

Full name of preferred nominated beneficiary	Date of birth	Relationship	% of benefit
			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 the Fund dated 12 May 2000 as amended from time to time.
- 2. Authority: The Trustee 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 the Fund or making any communication required to facilitate the administration of the Fund.
- 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 be 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.

Member signature: Date: