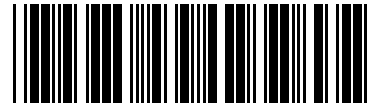


# FirstChoice Employer Super Change of Details Form



Please phone Colonial First State Employer Services on **1300 654 666** with any enquiries.

**SAVE FORM**

**PRINT FORM**

Please complete this form using **BLACK INK** and print well within the boxes in **CAPITAL LETTERS**. Mark appropriate answer boxes with a cross like the following . Start at the left of each answer space and leave a gap between words.

Please indicate your reason(s) for completing this form:

- I want to change my contact details – complete Parts 1, 2 and 7
- I want to provide my tax file number – complete Parts 1, 3 and 7
- I want to update my smoking status – complete Parts 1, 4 and 7
- I want to update or change bank account details – complete Parts 1, 5 and 7
- I want to update or change my name – complete Parts 1, 6 and 7

## 1 INVESTOR DETAILS

FirstChoice Employer Super account number

If you do not know your account number, please fill in your details below.

Title  Mr  Mrs  Miss  Ms  Other  Date of birth

Given name(s)

Surname

Employer name

Only complete sections that require changing.

## 2 USE THIS SECTION TO UPDATE YOUR CONTACT DETAILS

Postal address

Unit number  Street number  PO Box  Street name

Suburb  State  Postcode

Country

Work phone number  Home phone number  Fax number  Mobile phone number

Email address

## 3 USE THIS SECTION TO PROVIDE YOUR TAX FILE NUMBER (TFN)

**TAX FILE NUMBER** (Please refer to attached instructions for information about the collection of your TFN and the implications of not providing your TFN. This could mean that you will pay more tax or that certain contributions will not be accepted).

TFN

## 4 USE THIS SECTION TO UPDATE YOUR SMOKING STATUS

- Smoker Status
- Non smoker – I have NOT smoked tobacco, cigarettes, e-cigarettes or any other substance at any time in the last 12 months; or
  - Smoker – I have smoked tobacco or any other substance in the last 12 months.

Please note your insurance cover is offered according to the terms and conditions of the insurance policy as set out in the Product Disclosure Statement (PDS), including your Duty of Disclosure. The insurer may be able to avoid the insurance in certain circumstances where there is failure to comply with the Duty of Disclosure. For further information please see the PDS.

## 5 USE THIS SECTION TO NOMINATE YOUR BANK ACCOUNT DETAILS

Name of Australian financial institution

Branch name

Branch number (BSB)

 - 

Account number

Name of account holder

Please note that by providing bank details in this section you authorise Colonial First State to retain these details for all future transaction requests that you nominate. Please see the terms and conditions in the current Product Disclosure Statement (PDS).

## 6 USE THIS SECTION TO UPDATE OR CHANGE YOUR ACCOUNT NAME

If your name has changed, please attach a copy **certified** by a Justice of the Peace, solicitor or notary of the documentation by which you registered your change of name, such as a Marriage Certificate, Deed Poll or Decree nisi (in the case of divorce). Additional certification options are available from our 'Certification of documents - list of prescribed persons' form at [colonialfirststate.com.au/prospects/FS4523.pdf](http://colonialfirststate.com.au/prospects/FS4523.pdf). Please ensure you provide a **certified** copy of your passport or driver's licence with your new identity for Anti-Money Laundering requirements.

Title

Mr  Mrs  Miss  Ms  Other

Given name(s)

Surname

Date of birth

Old signature of member

Print name

Date signed

New signature of member

Print name

Date signed

## 7 DECLARATION AND SIGNATURE

I declare that:

- all details in this form are true and correct
- if this form is signed under Power of Attorney, the Attorney declares that they have not received notice of revocation of that power (a certified copy of the Power of Attorney should be submitted with this form unless we have already sighted it)
- I acknowledge my duty to disclose all information regarding my smoking status. If I fail my duty of disclosure the insurer may void the contract for insurance
- I release and indemnify Colonial First State against any liabilities whatsoever arising out of Colonial First State acting on any communications received by phone, fax or other electronic means including without limitation transactions effected through the internet in respect of my investments.

I acknowledge that:

- neither Colonial First State, nor any other member of the Commonwealth Bank Group guarantees the repayment of capital or the performance of the funds or any particular rate of return from the funds.

Signature of member

Date signed

dd/mm/yyyy

## DIRECT DEBIT REQUEST AUTHORISATION

- I authorise Colonial First State Investments Limited (User ID 011802) to arrange for funds to be debited from my/our account at the financial institution identified in **section 5** above and as prescribed through the Bulk Electronic Clearing System (BECS);
- I have read the 'Direct Debit Customer Service Agreement' provided with this form and agree with its terms and conditions;
- I request this arrangement to remain in force in accordance with details set out in **section 5** and in compliance with the 'Direct Debit Customer Service Agreement'.

Investments in Colonial First State FirstChoice Employer Super USI FSF0361AU (referred to as 'FirstChoice Employer Super', 'FirstChoice' or 'the fund') are offered from Colonial First State FirstChoice Superannuation Trust ABN 26 458 298 557 by Colonial First State Investments Limited ABN 98 002 348 352 AFS Licence 232468.

Print name

Please send the completed form to:

Colonial First State  
Reply Paid 27, Sydney NSW 2001

# Important information about changing your account details

## How do I change my account details?

As an investor with Colonial First State there are a number of ways you can make changes to your account including over the internet, by phone, letter, fax or by using the pre-printed form attached.

The following circumstances may constitute a change of account details:

- Updating your contact details (address, phone number etc)
- Changing or providing your Tax File Number
- Changing your Australian financial institution account
- Updating or changing your account name

### **Warning: Your Tax File Number (TFN)**

Under super law (Superannuation Industry Supervision (SIS) Act 1993) we can collect your TFN. If you provide your TFN, it will be treated confidentially.

If you give us your TFN, you are giving us consent to use it for legal purposes, including:

- calculating the tax on any benefits you're entitled to
- providing information, including your TFN, to the Commissioner of Taxation
- seeking information about your other super accounts, such as using the ATO's SuperMatch program.

If we find other super accounts with other providers, we'll let you and your (on file) financial adviser know, then you can decide together if you would like us to consolidate your super accounts with us.

If you ever ask us to roll over your benefits to another super fund, we may also give your TFN to that fund.

You don't have to give us your TFN – it's not required by law. But if you don't:

- you won't be able to make personal contributions to your account
- you may pay more tax on your benefits than you would otherwise have to – sometimes significantly more
- you also may not receive Government co-contributions that you may otherwise be eligible for
- it may be difficult to find and consolidate your super benefits or to pay the benefits you are entitled to receive.

**Please note:** The legal purposes may change in the future following legislative change and the consequences of not providing your TFN may also change as a result.

# Direct debit customer service agreement

## Our commitment to you

- We will send you regular transaction statements in addition to the initial confirmation of your drawings.
- Where the due date for a drawing falls on a non-business day, we will draw the amount on the next business day.
- We will provide written notice of any proposed changes to your drawing arrangement, providing no less than 14 days notice.
- We may terminate your direct debit arrangement if drawings are returned unpaid, or if debit is unsuccessful three times in any 12-month period.
- We will keep all information provided by you, and details of your nominated account at the financial institution, private and confidential.
- We will investigate and deal promptly with any queries, claims or complaints regarding debits, providing a response within 21 business days.

## Your commitment to us

- It is your responsibility to check with your financial institution prior to completing the direct debit request, that direct debiting is available on that account.
- It is your responsibility to ensure that the authorisation on the direct debit request is identical to the account signing instruction held by the financial institution of the nominated account.
- It is your responsibility to ensure at all times that sufficient funds are available in the nominated account to meet a drawing on the due date for payment.
- It is your responsibility to advise us if the account nominated by you to receive the drawings is altered, transferred or closed.
- It is your responsibility to arrange with us a suitable alternate payment method if the drawing arrangements are stopped either by you or the nominated financial institution.
- It is your responsibility to meet any charges resulting from the use of the direct debit system. This may include fees charged by us as a result of drawings returned unpaid.

## Your rights

- You may request to defer or alter the agreed drawing schedule by giving written notice to us or by calling Employer Services on 1300 654 666. Such notice should be received by us at least five business days prior to the due date for the next drawing.
- You may cancel the direct debit arrangement at any time by giving written notice to us or by calling Employer Services on 1300 654 666. Such notice should be received by us at least five business days prior to the due date for the next drawing. Your nominated financial institution may also accept a request to cancel your direct debit arrangement with us.
- All transaction disputes, queries and claims should be raised directly with us. We will provide a verbal or written response within 21 business days from the date of the notice. If the claim/dispute is successful, we will reimburse you by way of cheque or electronic credit to your nominated account.

**Please phone Colonial First State Employer Services on 1300 654 666 with any questions or send an email to [employer@colonialfirststate.com.au](mailto:employer@colonialfirststate.com.au)**