Change of personal details form

Please use **BLOCK** letters when filling out this form.





	SECTION 1 – EMPLOYER INFORMATION ate commenced employment Employer Number																														
Date commenced employment									Employer Number																						
Emp	loyer	Nam	Э																												
	SECTION 2 – PERSONAL DETAILS (as shown on Prime Super records)																														
	rname Titl															Titlo															
																						Title	Mr		Mro		Mico] _{Mo}		Dr
<u>۰</u> .																						Mr Mrs Miss Ms									
Given Names																		I					1		1	Gend	1			1	
																											Mal	е		Fema	ale
Othe	r/pre	vious	name	e(s)																		1	Date	of Bi	rth ([DMN	/IYYY	Y)			
Residential Address																															
Towr	n/Sub	urb/C	itv																					State				Post	code		
]								
Doct	al Vq	droce	(if dif	foror	t to	VOUR P	rocido	ntial	addr	occ)			l	<u> </u>									J								
F 050	ai Aui	11699	(ii uii	ICICI	11 10	your i	esiue	lillai	auui	533)																					
Towr	n/Sub T	urb/C	ity					ı		1	ı .	1	1	1		1				1			1	State)		1	Post	code T		
Phor	e Nu	mber	(BH)					,	Phone Number (AH)									i	Mobi	ile Nu	umbe	r		,		,					
Ema	il																														







	SE	CTIC	ON 3	3 – Y	/ 0U	RN	IEW	PE	RS0	NA	L DI	ETA	ILS	(ple	ase	sho	OW (only	tho	se	det	ails	that	have	e ch	ange	ed)				
Surna	SECTION 3 – YOUR NEW PERSONAL DETAILS (please show only those detail														Tit	<u>e_</u>		_													
																							Mr		Mrs		Miss		Ms		Dr
Giver	Na	mes														!		,	<u> </u>	'		_			_	Geno	der		1		
]		Mal	e		Fem	ıale
Other/previous name(s)														1						 Date	J eofR	irth ([_		L Υ)] 1 0111	aio				
	<i>,</i> pr	1	- Indin	10(0)																					1) DIVIII	<u> </u>	.,		
Poois	ont	iol Ac	Idress		ļ																										
nesic	en	Iai Au	101622																					T	Π						
<u> </u>	' 0		.0																					0					<u> </u>		
Town	/Su	burb/	City	1	1	1	1	Ι		1							1			1				Stat	e 	1	1	Posto	code		
Posta	I Ac	ddres	s (if di	iffere	nt to	your	reside	ential	addr	ess)						1	1	1					_		_		_				
Town	/Su	burb/	City					,										1					_	Stat	e		1	Posto	code		
Phon	e N	umbe	r (BH)	,							Phon	e Nu	mber	(AH)					,			Mo	 bile I	Numbe	r		_				
Emai			1							J						<u> </u>		1													
L	_				L		Ь.	<u> </u>		L		L				L	· c· · ·			Ш,		<u> </u>				, ,,	C. II		L.,		
				-										-	i Oi a	ceru	meu	сору	oi ai	ily Oi	uie	IOIIOV	ning c	locum	ents (Certi	neu	mean	15 1118	ii ine	copy
	s been signed by a Justice of the Peace as a true copy of the original): birth certificate or birth card or																														
	birth certificate or birth card or																														
•	passport or																														
	certificate of Australian citizenship or certificate of evidence of Australian residency or																														
	certificate of evidence of Australian residency or																														
	current photo driver's licence or																														
• (†																															
Ш	I have included the necessary documents with this form.																														
	SECTION 4 – FETCH MY SUPER																														
The r	SECTION 4 – FETCH MY SUPER The reality is, if you have ever changed jobs, you have probably left money behind. This is your money!																														
Let u	s fii	nd it	for y	ou , p	ut it i	n you	ır Prin	ne Sı	ıper a	accou	ınt, th	en a	t leas	t you	knov	v whe	ere a	ll yo	ur s	uper	· sav	/ings	are!								
All vo	u h	ave to	o do is	s prov	/ide ι	ıs wit	h vou	r co i	ısent	to d	o so l	oelov	v. We	'll the	n use	e the	ATO	's Sui	per N	Matcl	n fac	cility t	o find	any s	uper	vou n	nav h	ave th	hen s	end	
-			work 1	•			-															,		, -		,	,				
			are tha																		icate	e with	you	regula	ly via	ema	il to k	keep y	you ir	nform	ed.
Tick	the	box	to co	nsei	nt 🖢	/																									
							ner to	1100	mv na	arenn	ah le	taile	inclu	dina	mv TF	=NI to	202	ırch _	- nov	w and	l for	ovor.	_ for	any los	et un	claim	ad in	activ	o or		
		-												-	-									n) Act						ns.	
	Ιu	nders	stand ·	that a	all of	the ir	nforma	ation	I prov	vide -	- incl	uding	the ⁻	TFN h	neld b	y Pri	ime S	Super	- m	nust I	эе с	orrect	befo	re this	sear	ch ca	n be	condi	ucted	l	
																								ting th							
	18	00 6	75 8 3	9 or	doing) SO C	lirectl	y via	the s	ecure	e sect	ion o	of the	Prim	e Sup	oer w	ebsit	te at v	ww۱	w.pri	me	supe	r.con	ı.au							
	Ιu	nders	stand ⁻	that t	he pr	oces	s of fi	ndin	g my	supei	r may	take	som	e tim	e and	d it co	ould	be a	num	ber o	of we	eeks l	efore	e I rece	eive th	ne pa	perwo	ork in	the	mail.	
Full N	lam	е																													
Mem	ber	Sian	ature		'		1											1	1	1					1	1					
Member Signature																															
																Date	(DDI	MMY T	YYY) T	1	1		1	7							

SECTION 5 – DECLARATION

Privacy

HIE	HIOH	Idliui	i you	prov	iue o	II UIIS	10111	1 15 0	Ullec	เซน ม	y anu	Helu	IUI F	TITLE	oup	ei by	uie it	iiiu A	ullilli	ısıraı	ui, a	iiu ii	ay L	e ui	OUU	seu	to tii	iu p	11 LIES	VVIIO	alt	
involv	ed ir	ı acti	vities	relat	ed to	your	men	nbers	hip o	or pro	vided	to la	wfull	y autl	horis	ed go	vernr	nent	agen	cies i	n ac	cord	ance	e with	n th	e Au	ıstrali	an P	rivacy	y Prir	ciples	3
of the	e Priv	acy A	Act 1	988 (Cth).	We o	nly u	se th	e info	ormat	ion fo	or the	purp	ose (of ac	dminis	tering	you	r mer	nber	ship	or re	lated	d pur	pos	ses.	For fu	urthe	r info	rmat	ion	
about	about privacy or to obtain a free copy of our Privacy Policy, please visit our website www.primesuper.com.au, contact us on 1800 675 839, write to us at																															
Locke	Locked Bag 5103, Parramatta, NSW 2124 or email us at administration@primesuper.com.au.																															
	l ha	ave r	ead a	ınd fu	lly ur	nders	tood	the c	onte	nts of	this	form	, and	the ir	nforr	nation	com	plete	d is t	rue a	nd c	orred	t.									
Full N	Name																															
Mem	ber S	Signa	ture				•	•				•		•		•			•		•			•					-	-		
]																	
																Date	ate (DDMMYYYY)															
																	Ì		ĺ													
															1							1										

WHERE TO SEND THIS FORM

Once completed please return this form to us via mail, fax or email.

 Mail
 Prime Super
 Freecall
 1800 675 839

 Locked Bag 5103
 Fax
 1800 023 662

Parramatta NSW 2124 Email administration@primesuper.com.au

If you have any questions about this form or Prime Super please call us on **1800 675 839** (8.00am to 8.00pm Monday-Friday Sydney time).