## Change of Details

Please note: in addition to this form, the Trustee may request that you complete a Proof of Identity form where the Fund is unable to verify your identity. This form is available on our website or by contacting our client services team.

Please complete these instructions in BLACK INK using CAPITAL LETTERS (except for your email address) and √ boxes where provided.

1 Member details																									
Member number	Ε	R	F																						
Title					Su	rna	ame																		
Given name(s)																									
Date of birth			/			/																			
2 Change of name																									
Previous name details																									
Title					Su	rna	ame																		
Given name(s)																									
New name details																									
Title					Su	rna	ame																L		
Given name(s)																									
Note: If your name has changed, please provide a copy of the documentation by which you registered your change of name, such as a Marriage Certificate or Deed Poll. These documents must be certified by a Justice of the Peace, solicitor or notary of the documentation by which you registered your change of name. Refer to the 'Completing Proof of Identity' information sheet, for a full list of approved people who can certify your identity, available on our website or by contacting our client services team.  3 Change of residential address & other details																									
Unit No					Stre	eet	No																		
Street name																									
Suburb																	5	State		P	ostc	ode			
Phone (home)														F	Phone (work)										
Mobile																									
Email address																									
4 Change of postal address																									
Is your postal address the same as your residential address?  Yes No																									
If your answer is 'No' please complete this section:																									
Unit No					Stre	eet	No																		
Street name/PO Box																									
Suburb																	5	State		P	ostc	ode			

**Note:** Please ensure you have provided us with your residential address as it is a requirement under *Anti-Money Laundering Counter-Terrorism Financing Act 2006* (AML/CTF Act) and Legislation that we obtain a current residential address from you.

## 5 Member declaration

The Trustee collects the information in this form for the purpose of updating the information it holds about you. Any personal information provided in this form will be handled in accordance with the privacy policy, available at www.ioof.com.au/privacy. If you do not provide all of the requested information, we may not be able to action your request.

- I consent to the collection and use of the above information by the Trustee for the purposes specified.
- I authorise the above changes to be made to my account details.
- I declare that the details given in this form are true and correct.

**Important note:** Information provided to the Trustee will only be used for the purposes specified. It may be accessed and updated by you through our client services team. It will only be disclosed to other parties where required by law (eg ATO) or to implement your request (eg fund administrator). If you do not provide all of the requested information, we may not be able to action your request.

- I consent to the collection and use of the above information by the Trustee for the purposes specified.
- I authorise the above changes to be made to my member details.

Signature of member/Power of Attorney or Guardian	Da	eate /	/	
Previous signature (where name has changed)	Da	eate /	/	

## Notes:

- 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 received it).
- If you wish to renew or change your Non-Binding Death Benefit Nomination, please complete a separate form available from our website or by contacting our client services team.

## Please sign and return this form to:

Post: SMF Eligible Rollover Fund, GPO Box 264, Melbourne VIC 3001

Email:email@ioof.com.auFacsimile:03 6215 5933Client services team:1800 677 306Website:www.ioof.com.au

Trustee: IOOF Investment Management Limited, ABN 53 006 695 021, AFS Licence No. 230524