

12 March 2014

Customer Services

Phone 13 38 63
Fax 02 9234 6668

Email customer@onepath.com.au
Website anz.com/wealth/super

When changing address, it is important that we are advised so we can keep you up to date with your superannuation through the mail. If changing your name for any reason, you must show proof of this before we can amend our records.

ANZ Super Advantage

OnePath Life Limited
GPO Box 4028, Sydney NSW 2001
Phone 13 38 63 Fax 02 9234 6668

Did you know?

You can change your personal details online 24/7. Simply logon to ANZ Investor Access at anz.com/wealth/super using your online User ID and password. Here you can change your personal details, learn more about super, access forms, brochures and much more!

1. CURRENT PLAN AND MEMBER DETAILS – COMPLETE POSTAL ADDRESS AND/OR RESIDENTIAL ADDRESS DETAILS, AS APPROPRIATE.

Employer plan name

Member number

Title Mr Mrs Ms Miss Dr Other

Surname

Given name(s)

Please complete either Section 2 or Section 3 as applicable.

2. CHANGE OF ADDRESS

Old postal address

Suburb/Town State Postcode

Country

Email

Phone

New postal address

Suburb/Town State Postcode

Country

Email

Phone

2. CHANGE OF ADDRESS – continued

Old residential address	<input type="text"/>		
Suburb/Town	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>
Country	<input type="text"/>		
Phone	<input type="text"/>		
New residential address	<input type="text"/>		
Suburb/Town	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>
Country	<input type="text"/>		
Phone	<input type="text"/>		

3. CHANGE OF NAME

My name has changed

From	<input type="text"/>
To	<input type="text"/>

Please attach a certified copy of the applicable Marriage Certificate or Deed Poll Certificate, issued by your state's Registry of Births, Deaths and Marriages.

4. SIGNATURE

I confirm that the above changes are correct. Please amend my records to reflect these changes. By completing this form, I:

- consent to the collection, use, storage and disclosure of my personal information (including health information) as described in OnePath's Privacy Policy which is available at anz.com/privacy, or by calling Customer Services. If I have provided information about another person in this application (for example a beneficiary or life insured), I declare that I have the consent of that person to do so. I understand that OnePath Custodians and OnePath Life requires me to inform the person concerned that I have done so and direct them to the Privacy Policy which is located at anz.com/privacy
- accept that OnePath and other members of the ANZ Group may send me information about its products or services from time to time. I understand that I may notify OnePath of my decision not to receive further information by contacting OnePath directly
- accept that where my employer (or former employer) has appointed a financial adviser for this plan, my personal information will be provided to the financial adviser in order to undertake the management and administration of the plan
- authorise my financial adviser (where I have nominated a financial adviser) to receive and access my personal information for the purposes of managing my investment. Where there is a change to this authority or relating to my adviser, I will notify OnePath of the change.

Signature of member

Date (dd/mm/yy)