

Change of Details Form

Purpose of this form Use this form to make changes to personal details on your account. Fields marked with an asterisk (*) must be completed in order for us to the information collected on this form is governed by the ClearView Into Did you know that you can update your email, contact numbers and	formation Handling Policy which is	
*A. Member details Account number /	(e.g. CSUP / 100000)	
Note: If you have more than one account we'll make the change Title Mr Mrs Ms Miss Dr Other Given name(s)	es in this form to each account Gender Male Female Surname	t. Date of birth D D M M Y Y Y Y
Contact number Email B. Change of address/contact details		
Please note: we are unable to accept your financial adviser's adviser postal address Street number and name or PO Box	dress.	
Suburb	State	Postcode
Country (if other than Australia)		
New residential address (cannot be a PO Box address) Please tick if same as postal address. Street number and name		
Suburb Country (if other than Australia)	State	Postcode



Home number ()	Mobile	
Email		
C. Change of name		
If your name has changed, please write your new name be of name, such as a Marriage Certificate, Change of Name Ce	elow and attach an original certified copy showing your change rtificate or Divorce Certificate.	
Title Mr Mrs Ms Miss Dr Other		
First name(s)		
Surname		
Original signature of member	New signature of member	
×	×	
Date D D M M Y Y Y Y		
*D. Member declarations and signature		
By signing this form, I:		
• declare that all the details given in this form are true and	d correct; and	
 declare that, if signing under a power of attorney, I verify revocation of that power. 	y that, at the time of signing, I have not received notice of	
Signature of member	Date signed	
X	DDMMYYYY	
Member full name (print clearly in block letters)	•	
Note: If signing under a power of attorney, please provide a	n original certified copy of the power of attorney.	

Sending your form

Please send the form to us via your email address on file or mail.

Mailing address: Email address:

ClearView Wealth client.wealth@clearview.com.au

Reply Paid 4232 Sydney NSW 2001

If you have any questions or need help please call our Service Centre on 132 977.

This document is issued by Equity Trustees Superannuation Limited (ABN 50 055 641 757, RSE Licence L0001458, AFSL 229757) as Trustee for the ClearView Retirement Plan ABN 45 828 721 007 RSE Registration No R1001624. ClearView Roll-over Bond is issued by ClearView Life Assurance Limited ABN 12 000 021 581 AFSL 227682.