

Change Personal Details Form



Use this form to provide us with any changes to your personal details.

1. Your personal details

We will use these details to calculate your benefits and to send you updates on your super and for other communications.

Title (Mr Mrs Ms Dr):	<input type="text"/>	Surname:	<input type="text"/>	First name(s):	<input type="text"/>
Address:	<input type="text"/>				
Postcode:	<input type="text"/>	State:	<input type="text"/>	Country:	<input type="text"/>
Work telephone:	<input type="text"/>	Home telephone:	<input type="text"/>		
Mobile telephone*:	<input type="text"/>	Date of birth:	<input type="text" value="/ /"/>		
Member/Investor number:	<input type="text"/>	Email*:	<input type="text"/>		

* By providing your email address and/or mobile phone number you are confirming that you would like to, where possible, receive future communications electronically by viewing personal information about your super online through the log in area and receiving news and updates about superannuation via email and/or SMS. Remember, you can call the Helpline to request a hard copy of a particular communication to be sent to you by post or to request to receive future communications in this manner.

Please note:

If you are using this form to advise the Fund of a change to your name, you will need to provide a certified linking document. A linking document is a document that proves a relationship exists between two (or more) names. Suitable linking documents are a certified copy of your marriage certificate, deed poll or change of name certificate from the Births, Deaths and Marriages Registration Office.

If you are using this form to update the Fund's record of your date of birth, you will need to provide a certified copy of your birth certificate, valid driver's licence or valid passport.

2. Your declaration

I declare that I have read and understood the contents of this form and have checked that all the information I have provided on this form is true and correct.

Name (print in BLOCK LETTERS):

Signature: _____ Date:

Please return this form to
 Russell SuperSolution,
 Locked Bag A4094
 Sydney South NSW 1235