

# Change of personal details



## About this form

Complete this form if you want to advise RBF of any changes or incorrect information relating to your personal details. Failure to advise RBF of a change in your address may result in non receipt of important communications relating to your membership in RBF.

## If you need help

For assistance call the RBF Enquiry Line on **1800 622 631**. Please print in **black** or **blue** pen, in UPPERCASE, one character per box.

### 1. Complete current personal details

Title	Date of birth (dd/mm/yyyy)	
<input type="text"/>	<input type="text"/>	
Surname	<input type="text"/>	
Given name(s)	<input type="text"/>	
Postal address	<input type="text"/>	
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Daytime telephone	Mobile	
<input type="text"/>	<input type="text"/>	
After hours telephone	<input type="text"/>	
Email	<input type="text"/>	

### 2. Advise your membership details

As members of RBF can have multiple memberships you will need to provide details of the membership numbers you want this change applied to. If you are unsure of all your membership numbers, please refer to your latest Member Benefit Statement/s for details, or call the RBF Enquiry Line on **1800 622 631**.

<input type="checkbox"/> <b>Contributory Scheme</b>	
<b>Contributory Scheme Account/s</b>	
Membership number	Membership number
<input type="text"/>	<input type="text"/>
<b>Contributory Scheme Account/s</b>	
CPA/s	Membership number
<input type="text"/>	<input type="text"/>
Investment 12 account	Membership number
<input type="text"/>	<input type="text"/>
<b>RBF Life Pension/s (includes both RBF Life Pensions and Contributory Scheme Life Pensions)</b>	
Membership number	Membership number
<input type="text"/>	<input type="text"/>

The Superannuation Commission (ABN 93 598 914 092) as trustee of the Retirement Benefits Fund (ABN 51 737 334 954)

## 2. Advise your membership details cont.

### State Fire Commission Superannuation Scheme

Membership number

### Tasmanian Ambulance Service Superannuation Scheme

Membership number

### Parliamentary Retiring Benefits Fund

Membership number

## 3. Advise your new personal details (if applicable)

New surname (if changed)

New given names (if changed)

Select new title (if changed)

Mr     Mrs     Ms     Miss     Other

I have attached a **certified** copy of my Marriage Certificate, Deed Poll or change of name certificate from Births, Deaths and Marriages Registration office to support my name change.

## 4. Advise your new contact details (if applicable)

### Residential address

New residential address (if changed)

Suburb

State

Postcode

### Postal address

New postal address (if changed)

Suburb

State

Postcode

New daytime telephone (if changed)

New mobile (if changed)

After hours telephone (if changed)

New email (if changed)

If you wish to advise your Tax File Number (TFN) please complete the 'Providing your tax file number' form.

If you wish to make a Death benefit election please complete the 'Making a death benefit election' form.

Both forms are available by contacting the RBF Enquiry Line on **1800 622 631** or from the RBF website at [www.rbf.com.au](http://www.rbf.com.au)

## 5. Sign the form

By signing this form I:

- ▶ authorise the Superannuation Commission to make the changes contained in this form in respect to the information provided in Steps 2, 3 and 4
- ▶ understand that the Superannuation Commission will only update changes to the membership numbers nominated on this form
- ▶ understand that the information contained in this form will be relied upon and used by the Superannuation Commission to process the changes to my personal details. For this purpose, my personal information may pass between the Superannuation Commission and its administrator and professional advisers, insurers, government bodies, my employer and other parties as required, including the Trustee of any other super fund my super is transferred to
- ▶ consent to the handling of my personal information in this manner. If I do not give this consent, the changes to my personal details cannot be implemented
- ▶ understand I can access my personal information by writing to RBF's Privacy Officer.

Signature

X

Date

/ /

Please return your completed form to RBF, Reply Paid 89418, PARRAMATTA NSW 2124.