

RBF Life Pension annual declaration



About this form

We issue this form annually to RBF Life Pensioners and Contributory Scheme Life Pensioners. This is to ensure our records hold your current personal information. Please complete all sections of this form and return this declaration to RBF within 28 days of receipt.

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 personal details

Title	Date of birth (dd/mm/yyyy)	
<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname		
<input type="text"/>		
Given name(s)		
<input type="text"/>		
Residential address (must be advised)		
<input type="text"/>		
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Postal address (if different to above)		
<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"/>		
Marital status		
<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Widowed
<input type="checkbox"/> Defacto	<input type="checkbox"/> Remarried	
Membership number		
<input type="text"/>		

