

Change of Member Details / TFN Notification Form

How to use this form

Use this form if you wish to:

- Change your name
- Update your contact details
- Correct your date of birth
- Notify your Tax File Number (TFN)

Important Notes

Proof of Identity

If you intend to change your name or your date of birth you will need to supply a certified copy of at least one of the following appropriate evidence forms:

- A certified photocopy of your:
 - ⊖ Birth certificate; or
 - ⊖ Citizenship/Naturalisation certificate; or
 - ⊖ Marriage certificate; or
 - ⊖ Divorce certificate; or
 - ⊖ Change of Name certificate
- A certified photocopy of a card issued to you under a law of a State or Territory for the purpose of proving your age which contains your photograph; or
- A certified photocopy of your national identity card issued by a foreign government, the United Nations or an agency of the United Nations.

Certified Copies of Documents

All copied pages of **ORIGINAL** proof of identity documents need to be certified as true and correct copies by any of the following:

- A permanent employee of Australia Post with five or more years of continuous service;
- A finance company officer with five or more years of continuous service (with one or more finance companies);
- An officer with, or authorised representative of, a holder of an Australian Financial Services Licence (AFSL), having five or more years continuous service with one or more licensees;
- A notary public officer;
- A police officer;
- A registrar or deputy registrar of a court;
- A Justice of the Peace;
- A person enrolled on the roll of a State or Territory Supreme Court or the High Court of Australia, as a legal practitioner;
- An Australian consular officer or an Australian diplomatic officer;
- A judge of a court;
- A magistrate; or
- A Chief Executive Officer of a Commonwealth court.

Important

You should not send any **original** documents. These should be retained for your records.

Please send certified copies only. Copies of originals that are not certified by one of the above entities will not be accepted.

Privacy

When we collect your personal information, it is securely stored and will only be used and disclosed to authorised personnel, service providers and third parties in order to:

- administer your superannuation account
- benefit payments
- direct marketing

For a copy of the Privacy Policy, visit www.lesf.com.au or contact us on 1800 359 686. Our Privacy Policy sets out how you can access information about your benefit and personal details, correct any information which is inaccurate or out-of-date and information on our privacy complaints process.

Declaration & Signature

You (the Member) must complete, sign and date the form and return it to the Administrator at LESF.

Contact Details

LESF Super
Free call: 1800 359 686
E: lesf@diversa.com.au
W: www.lesf.com.au
PO Box 1282 ALBURY NSW 2640

Checklist:

- Certified copies of documentation attached (if applicable)
- Form has been signed and dated

Change of Member Details / TFN Notification Form

Current Membership Details

Member Number: _____ Date of Birth: ____ / ____ / ____ Title: _____
Surname: _____ Given Name(s): _____

Only complete the sections you wish to change

New Membership Details

Change to your Name

If changing your name you must attached a certified copy of one of the following documents;

(Please tick)

- Birth Certificate
 Marriage Certificate
 Naturalisation Certificate
 Change of Name Certificate
 Divorce Certificate
 Other: _____

Title: _____ Surname: _____

Given Names(s): _____

Original Signature: _____ New Signature: _____

Change to your Contact Details

Residential Address

Address: _____

Suburb: _____ State: _____ Postcode: _____

Postal Address *(if different to residential address)*

Address: _____

Suburb: _____ State: _____ Postcode: _____

Home Number: _____ Mobile Number: _____

New Email Address

Email: _____

Change to your Employer Details

Name of the employer: _____

Contact Number: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Correction to Date of Birth

Please provide certified documentation to verify the change to your birth date.

Date of Birth (dd/mm/yyyy): _____

Notification of Tax File Number (TFN) details

Under the *Superannuation Industry (Supervision) Act 1993*, your superannuation fund is authorised to collect your TFN, which will only be used for lawful purposes. These purposes may change in the future as a result of legislative change. LESF may disclose your TFN to another superannuation provider when your benefits are being transferred, unless you request in writing to LESF that your TFN not be disclosed to any other superannuation provider.

It is not an offence not to quote your TFN. However, giving your TFN to LESF will have the following advantages (which may not otherwise apply):

- LESF will be able to accept all types of contributions to your account/s;
- the tax on contributions to your superannuation account/s will not increase;
- other than the tax that may ordinarily apply, no additional tax will be deducted when you start drawing down your superannuation benefits; and
- it will make it much easier to trace different superannuation accounts in your name so that you receive all your superannuation benefits when you retire.

My TFN is: _____

LESF Super can help you find and combine your lost Super

I give my permission to LESF to use my personal information provided (including TFN) to search for any Superannuation money held by the ATO or other Super funds, to the extent the law allows. LESF will contact me and confirm the result of the search, as well as providing transfer documents.

Member Declaration

I declare that:

- The information I have provided and any associated documentation in support of the changes advised in this form are, to the best of my knowledge, true and accurate;
- I understand that my record kept by LESF will reflect the information in this form;
- I will immediately notify LESF if any of my personal details change in the future;
- I understand and accept the information contained in this form may be shared with representatives, advisers and service providers of LESF;
- The information provided in this form could potentially alter my entitlement eligibility and insurance arrangements; and
- I understand that where I have provided my email address that I will receive an automatic login to view my account online at any time. I will also now receive an electronic notification for my annual statement which will be accessible through my online account and I understand that this will continue until I notify Member Services that I wish to change this option.

Member's Signature: _____ Date: ____ / ____ / ____

Please return the completed Form to:
LESF Super, PO Box 1282, ALBURY NSW 2640
Or email to: lesf@diversa.com.au

If you have any questions regarding this form or your membership, please contact us on 1800 359 686.