

Change of name or date of birth form

For individuals

Please use **BLOCK LETTERS** and **black ink**.

Complete information below to change your name.

Send your completed form to:

Australian Ethical Super, Locked Bag 20013, Melbourne VIC 3001 or upload to the member portal

Step 1: Member details

Member number

Surname

Date of birth

| | | | | | | | |
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|---|---|---|---|---|---|---|---|

Full given name(s)

Phone

Mobile

Email

Step 2: Change of name

New name

Mr

Mrs

Ms

Miss

Other, please specify

You will need to provide a certified copy of either a Marriage Certificate, Deed Poll or Change of Name Certificate from the Births, Deaths and Marriages Registration Office.

Step 3: Change date of birth

Date of Birth

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You will need to provide a certified* copy of one of the following:

- Birth certificate or birth card
- Passport
- Certificate of Australian Citizenship (if showing your DOB)
- Certificate of Evidence of Australian Residency (if showing your DOB)
- Current Australian or foreign driver's licence (including the back of the driver's licence if your address has changed).

* If your identification is written in a language other than English, the identification must be accompanied by an English translation prepared by a translator accredited by the National Accreditation Authority for Translators and Interpreters Ltd. (NAATI) at the level of Professional Translator or higher (or an equivalent accreditation), to translate from a language other than English into English.

Step 4: Signature

By signing this form I:

- acknowledge that I have read and understood this form. All the information provided in this form is true and correct.
- understand that the information contained in this form will be handled by the Trustee to process my change of name and/or date of birth
- understand that, under Australian Taxation Office regulations, I must keep a copy of this form for five years from the date completed; and
- understand and consent to my information being collected, disclosed and used in the manner set out in this form.

I have read, understood and agree to the above declaration.

Signature

| |
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| X |
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Date

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Signatory's full name (please print)

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Contact us

t 1300 134 337
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