

# Australian Eligible Rollover Fund (AERF)

## Change of Details



ABN 81 932 639 940 RSE R1067750 SPIN CML0825AU

Trustee: Perpetual Superannuation Limited ABN 84 008 416 831 AFSL 225246 RSE L0003315

### Section 1: Member details

Please complete all sections marked with an asterisk.

Title (Please tick) \_\_\_\_\_ Membership number\* \_\_\_\_\_ Additional membership number (if known) \_\_\_\_\_  
 Mr  Mrs  Ms  Miss  Dr  Other

Surname\* \_\_\_\_\_ Given names\* \_\_\_\_\_ Date of birth\* \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Gender  Male  Female Contact phone number \_\_\_\_\_ Other names known by \_\_\_\_\_

Occupation \_\_\_\_\_

Current residential address\* \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_ Country \_\_\_\_\_

Previous residential address – if you know that the address held by AERF is different to your current residential address, please provide details below.  
\_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_ Country \_\_\_\_\_

Current postal address – if different to your current residential address, please provide details below.  
\_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_ Country \_\_\_\_\_

Phone (AH) \_\_\_\_\_ Mobile \_\_\_\_\_

Email address^ \_\_\_\_\_

^ If you provide your email address, you agree that we may provide you with information including statements, transaction confirmations, promotions and other account information. You may change or remove your email address at any time by contacting us.

**Change of name**  
If there is any change to your name, AERF will require verification of the name change before your membership details can be updated. Such verification may include:

- copy of your marriage certificate;
- copy of divorce papers and birth certificate/marriage certificate (to show maiden name); or
- copy of change of name by deed poll.

**Change to date of birth**  
For changes to your date of birth, a copy of your driver's licence, birth certificate or details page of your passport is required. If you are unable to provide the required verification, please contact us on **1800 677 424** for further information.

### Section 2: Declaration and authorisation

By signing this request I declare that I have fully read this form, understand its content and the information completed is true and correct.

Member's signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Return completed forms to:** Australian Eligible Rollover Fund  
C/- Jacques Martin Administration and Consulting Pty Ltd  
Locked Bag 5429, Parramatta NSW 2124

Phone: **1800 677 424**  
between 8.30am and 5.00pm (Sydney time)  
Monday to Friday