

# Superannuation Change Form

Employee Name:

Employee E-mail:

Employee Number:

Date of Birth:

## 1. CHANGE OF FUND

I wish to have my superannuation payments made to the following account:

Name of Fund:

Fund Bank Account Details: BSB:  (six digits)

A/C No:

Address of Fund:

State:  Post Code:

Fund Membership Number:

Fund Policy Number:

(where applicable)

Contact Name of Fund:

Phone No of Fund:

## 2. CHANGE OF PERSONAL CONTRIBUTION RATE (whole %) as Salary Sacrifice

I wish to change my personal superation contribution rate. Please note that all personal contributions are made through salary sacrifice.

Previous Contribution Rate: %

New Contribution Rate: %