

Member alteration advice

Connelly Temple Super Savings Plan



Super Plan Allocated Pension Plan

Asteron Portfolio Services Limited ABN 61 063 427 958 AFS Licence No 237905
Level 23 2 Market Street Sydney NSW 2000
Telephone 1300 361 755

1. Personal details

Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Other	<input type="text"/>	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	
Surname	<input type="text"/>					Member number	<input type="text"/>							
Given names (in Full)	<input type="text"/>													
Home address	<input type="text"/>										Postcode	<input type="text"/>		
Postal address (Tick if same as above)	<input type="checkbox"/>	or	<input type="text"/>									Postcode	<input type="text"/>	
Phone no.s	Home <input type="text"/>			Work <input type="text"/>			Mobile <input type="text"/>							
Date of birth	<input type="text"/>		/	<input type="text"/>		/	<input type="text"/>							

2. Tax File number

I agree to provide my tax file number as follows:

3. Change of name

Former name	<input type="text"/>
New name	<input type="text"/>

4. Change of address

New residential	<input type="text"/>		
	State	Postcode	
	<input type="text"/>	<input type="text"/>	
New Postal	<input type="text"/>		
	State	Postcode	
	<input type="text"/>	<input type="text"/>	

5. Change of bank account details

Name of financial institution	<input type="text"/>											
Address of financial institution (optional)	<input type="text"/>											
	<input type="text"/>			State	<input type="text"/>			Postcode	<input type="text"/>			
BSB number	Bank <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>			Building Society <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>								
	Credit Union <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>											
Account number	<input type="text"/>											
Account name	<input type="text"/>											
This change will be effective from	<input type="text"/>		/	<input type="text"/>		/	<input type="text"/>					

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6. Declaration

I declare that the information provided above is true and correct.

Member's signature

Date

Please forward form to: Connelly Temple Super Savings Plan
GPO Box 1576 Sydney NSW 2001