

Change of Personal Details

Please send this completed form to:

Mercy Super
PO Box 8334, WOOLLOONGABBA QLD 4102

Contact details

Phone: 1300 368 891 or (07) 3163 8867
Email: information@mercysuper.com.au

If you wish to change your membership details, please complete and return this form. If applicable, you may have to provide additional documentation.

Please complete in a black or blue pen and BLOCK letters. This form is invalid if the Declaration is not signed. Please note for your protection an original copy of this form must be provided.

1. Your current personal details

Your member number (if known)

Your payroll number (if known)

Surname

(Mr Mrs Ms Miss Dr)

Given names

Date of birth

Address

Suburb

State

Postcode

Email

Telephone

Mobile number

2. Your new address (if applicable)

Postal address

Suburb

State

Postcode

Residential address

Suburb

State

Postcode

3. Your new name (if applicable)

Surname

Given names

New signature

Old signature

In order for Mercy Super to update your name on our records we require certified confirmation of this change.

The following can certify copies of the originals as true and correct copies:

- a Justice of the Peace
- 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 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
- a Chief Executive Officer of a Commonwealth court.

The person who is authorised to certify documents must sign the original and the copy and make sure both documents are identical, then make sure all pages have been certified as true copies by writing or stamping 'certified true copy' followed by their signature, printed name, qualification (eg Justice of the Peace, Australia Post employee etc) and date.

What document are you providing as proof of your change of name (tick box)

Marriage Certificate

Change of Name Certificate

Decree Nisi

Deed Poll

4. Tax File Number (TFN)

The Trustee is authorised to collect your TFN under the Superannuation Industry (Supervision) Act 1993. Your TFN is confidential. You do not have to provide your TFN.

If you do provide your TFN it will only be used for legal purposes, which may change in the future as a result of legislative changes. These purposes include:

- finding or identifying your superannuation benefits where other information is insufficient;
- calculating tax on any superannuation lump sum payments to which you may be entitled; and
- providing information to the Commissioner of Taxation.

Your TFN may be provided to the trustee of any other superannuation fund, or Retirement Savings Account (RSA), to which your benefits are transferred in the future (however, your TFN will not be given to any other fund if you advise the Trustee, in writing, not to). Your TFN will not be given to anyone else.

If you do not, either now or later, provide your TFN, it is not an offence, however:

- you may pay more tax on your benefits than you have to (though you may reclaim this through the income tax assessment process);
- it may be more difficult in the future to find all the benefits to which you are entitled, to consolidate your benefits, or to pay your benefits to you;
- the Australian Tax Office may be unable to determine if you are eligible for the superannuation co-contribution scheme;
- the Fund will be unable to accept any non-concessional (after-tax) personal contributions; and
- an additional 31.5% (including Medicare Levy) tax may be deducted from any concessional (pre-tax) contributions, which includes employer and salary sacrifice personal contributions.

My Tax File Number is:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Member declaration

I declare that:

- The details provided are true and correct in every detail and I authorise Mercy Super to update its records accordingly.
- I understand the information that I have provided will be used only for the purpose of administering my account.
- I have had the opportunity of reading the Fund's Privacy Policy and understand and approve of how my personal information will be used.
- I have received and had the opportunity of reading the Fund's Member Booklets, including any Supplementary Product Disclosure Statements. I understand that the Fund's Financial Services Guide is available upon request and that it can also be read on the Fund's website.

Member's signature

<input type="text"/>

Date

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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