

Aviva Business Super

Change of details form



Issue date 23 March 2009

When to use this form

Use this form if you:

- have changed your name
- have changed your address
- need to provide your Tax File Number
- would like to cancel your insurance cover

What sections do you need to complete?

- ✓ Change of name, please complete sections 1, 2 and 5
- ✓ Provide Tax File Number, please complete sections 1 and 5
- ✓ Change of contact details, please complete sections 1, 3 and 5
- ✓ Request to cancel insurance cover, please complete sections 1, 4 and 5 (to reduce your existing insurance cover or to apply for new insurance cover, please complete the 'Application for insurance cover' form)

1. Your existing details

Member number

Name of employer

Title

Family name

Given names

Date of birth

Tax File Number or exemption

We are authorised to request your TFN by law. (Refer to page 47 of the PDS for information relating to quoting tax file number and its collection)

Residential address (please list old contact details here if you are updating your contact details in section 3)

State

Postcode

Mailing address (if different to above)

State

Postcode

Daytime contact number

Mobile number

Email address

2. Change of name

(Please note we require supporting documentation to action your request)

Previous name

Given names

Family name

Current name

Given names

Family name

I have enclosed the following proof of change of name (Please tick appropriate box):

- A certified copy of my marriage certificate
- A certified copy of my change of name certificate by Deed Poll
- A certified copy of my marriage certificate and Decree Nisi

(See 'Certification of personal documents' on page 6)

Signature

Date / /

3. Change of contact details

New residential address

 State Postcode

New mailing address (Complete only if this is different to your residential address)

 State Postcode

Daytime contact number

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Mobile number

Email address

4. Request to cancel your insurance cover

(Please tick the type(s) of cover you wish to cancel)

Type of cover

- Death only Cover
- TPD only Cover
- Death and TPD Cover
- Income Protection Cover

As an employer sponsored member of this superannuation plan, I understand that my employer may have an obligation to provide insurance cover under a prescribed agreement or award. I have discussed my request with my employer and we both agree to this change.

Member's signature

X

Date / /

Employer's signature (Authorised Officer's signature)

X

Date / /

(Please note, we require both your and your employer's signature to action this request)

5. Member declaration

- If applicable, I understand that my instructions will be processed according to the Administrator's business processes as outlined in the member Product Disclosure Statement (or as advised from time to time).
- I confirm the truth, accuracy and completeness of all statements made on this form.
- I authorise the tax file number on the Change of details form to be used with this account in accordance with legal requirements and also to find any lost super I may have.

By completing this form, you understand that any personal information we may collect about you in the normal course of our business may be used as outlined in our privacy policy. Our policy, which is designed to protect your interests and is consistent with the requirements of the Privacy Act, can be obtained via our website, aviva.com.au or by writing directly to us.

Your signature

X

Date / /

Please return completed form to:
Aviva Business Super
GPO Box 2567W
Melbourne Victoria 3001

Trust: Norwich Union Superannuation Trust (ABN 31 919 182 354)
Trustee: NULIS Nominees (Australia) Limited (ABN 80 008 515 633) AFSL No. 236465
Administrator: Norwich Union Life Australia Limited (ABN 34 006 783 295) AFSL No. 241686 GPO Box 2567W Melbourne VIC 3001
Telephone: 1300 428 482 Facsimile: 03 9869 1595 aviva.com.au

Certification of personal documents

All copied pages of ORIGINAL proof of identification documents (including any linking documents) need to be certified as true copies by any individual approved to do so (see below).

The person who is authorised to certify documents must sight 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.

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

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