

## EMPLOYEE INFORMATION CHANGE FORM

### EMPLOYEE INFORMATION

EMPLOYEE # \_\_\_\_\_

Full Name:

(If submitting a name change, list previous name)

Check all that apply:

Name ☐

Contact Information ☐

Emergency Contact ☐

Bank Account ☐

Superannuation ☐

### NAME INFORMATION

Note: Legal name changes require a copy of documentation

New First Name \_\_\_\_\_ New Last Name: \_\_\_\_\_

### CONTACT INFORMATION

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Contact No.: \_\_\_\_\_ Mobile: \_\_\_\_\_

### EMERGENCY CONTACT

Emergency Contact Name:

Contact Number: \_\_\_\_\_ Mobile: \_\_\_\_\_

### BANK ACCOUNT DETAILS

Account Name \_\_\_\_\_

Branch Name/Location: \_\_\_\_\_

BSB: \_\_\_\_\_ Account Number: \_\_\_\_\_

### SUPERANNUATION DETAILS

Superannuation Fund Name: \_\_\_\_\_

Superannuation Address: \_\_\_\_\_

Superannuation ABN: \_\_\_\_\_

Account/Member Name: \_\_\_\_\_

Account/Member Number: \_\_\_\_\_

USI: \_\_\_\_\_

Please obtain and attach a **'Letter of Compliance'** from the fund trustee confirming that the fund is a complying fund stating it accept contributions from your new employer, or details about how your employer can make contributions to the fund, such as:-

- The fund's address
- The fund's Australian business number (ABN)
- The fund's superannuation product identification number (SPIN)
- The fund's phone number

### CONFIRMATION

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date Received: \_\_\_\_\_ Date Updated: \_\_\_\_\_

Completed By: \_\_\_\_\_ Signed: \_\_\_\_\_