

# Change of Membership Details



Please complete and return form to: LESF Administration, GPO Box 1424, Brisbane QLD 4001  
Internet: [www.lesf.com.au](http://www.lesf.com.au)

Please write in BLOCK letters and use a BLUE or BLACK pen. This request will be invalid if unsigned and undated.

You can change your contact details, update your beneficiaries and advise your TFN online.  
To register for MemberAccess, go to [www.lesf.com.au](http://www.lesf.com.au).

## CURRENT MEMBER DETAILS (Please complete in full)

Member Number

(This can be found on your Member Statement)

Mr/Mrs/Ms/Miss/Other

Surname

Given Names

Date of Birth (ddmmyyyy)

## Only complete the sections you wish to change

### CHANGES TO MY NAME AND/OR SIGNATURE

If changing your name you must attach a certified copy of one of the following documents:

- Certificate of Birth
- Certificate of Marriage
- Certificate of Naturalisation/Citizenship
- Deed Poll
- Certificate of Divorce, Decree Nisi, Decree Absolute
- If none of these documents are available, a Statutory Declaration

Mr/Mrs/Ms/Miss/Other

Surname

Given Names

Original Signature

New Signature (if different)

### CHANGES TO MY CONTACT DETAILS

#### New address

##### Residential Address

Street Number

Street Name

Suburb/Town

State

Postcode

##### Postal Address (if different from residential address)

Street Number / PO Box

Street Name

Suburb/Town

State

Postcode

Telephone (daytime)

Mobile

#### New email address

Email

Please turnover to complete and sign this form ➤

LESF is administered by Australian Administration Services Pty Limited (ABN 62 003 429 114), an authorised representative of Pacific Custodians Pty Limited (ABN 66 009 682 866, AFSL 295142) on behalf of LESF Pty Limited (ABN 56 059 795 998, RSE L0001342) as Trustee for Law Employees Superannuation Fund (ABN 13 704 288 646, RSE R1005448)

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## CHANGES TO PREFERRED BENEFICIARY NOMINATIONS (If you have more than 3, please photocopy this form)

I wish to nominate the following person(s) and/or Legal Personal Representative, to receive my superannuation and related benefit(s) (if any) in the event of my death.

Mr/Mrs/Ms/Miss/Other	Surname	Given Name	Relationship to you	Portion of Benefit (%)

(Whole numbers only)

**(Total must add up to 100%)**

### Important Note

Your preferred beneficiary nominations do not bind LESF in any way. This means, although your nomination will be taken into consideration, LESF has absolute discretion in determining how to distribute your death benefit and to whom.

## NOTIFICATION OF TAX FILE NUMBER (TFN) DETAILS

Under the *Superannuation Industry (Supervision) Act 1993*, your superannuation fund is authorised to collect your TFN, which will only be used for lawful purposes. These purposes may change in the future as a result of legislative change. LESF may disclose your TFN to another superannuation provider when your benefits are being transferred, unless you request in writing to LESF that your TFN not be disclosed to any other superannuation provider. It is not an offence not to quote your TFN. However, giving your TFN to LESF will have the following advantages (which may not otherwise apply):

- LESF will be able to accept all types of contributions to your account/s;
- the tax on contributions to your superannuation account/s will not increase;
- other than the tax that may ordinarily apply, no additional tax will be deducted when you start drawing down your superannuation benefits; and
- it will make it much easier to trace different superannuation accounts in your name so that you receive all your superannuation benefits when you retire.

My TFN is:

## CHECKLIST

- Have you changed your details with your employer?
- Have you signed and dated this form?
- Have you attached certified photocopies of documents necessary to change your details? (If applicable)

## DECLARATION

### Privacy

When your personal details are provided to LESF they are securely stored and are accessible only to authorised personnel for the purposes of maintaining your account, including your death and disablement insurance arrangements. If you wish to view our privacy statement please go to [www.lesf.com.au](http://www.lesf.com.au).

I declare that

- The information I have provided and any associated documentation in support of the changes advised in this form are, to the best of my knowledge, true and accurate.
- I understand LESF will rely on this information in good faith and my record kept by LESF will reflect the information in this form.
- I will immediately notify LESF if any of my personal details change in the future.
- I understand and accept the information contained in this form may be shared with representatives, advisers and service providers of LESF and my employer(s); and
- The information provided in this form could potentially alter my entitlement eligibility and insurance arrangements (if applicable).

My Signature

Dated (ddmmyyyy)

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