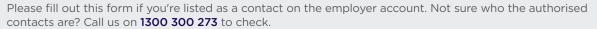
Employer change of details



Complete this form to update your contact details or nominate authorised contacts to liaise with Australian Super.

Who should fill out this form?





Note: Please fill only the relevant sections of the form using CAPITAL letters. Read the Privacy Collection Statement to see how AustralianSuper uses your personal information.

1 Current business details																																
Business n	ame																															
Australian	Australian Business Number (ABN) Employer number Daytime contact number																															
Authorised	l cor	tact	name	9				-								•							'									
you're wisl	To change your registered name with AustralianSuper, please complete sections 2 and 3. If your details are the same, and you're wishing to nominate a new contact, please skip to section 4. New business details																															
2 New	bu	sine	ess (det	ails	5																										
Business n	ame												_																			
Australian	Busi	ness	Num	ber ((ABI	N)																										
3 New Street add		sine	ess a	adc	lres	SS																										
																						Τ		Т	Т	\Box						
C I I /T :																																
Suburb/To	Wn			1									_	\top	_	\neg		1	1	T	1	\top		5	tate T	=		1	Pos	stco	ae T	
Postal add	ress I	(if di	fferei T	nt fro	om S	Stre I	et a T	ddr T	ess	abc T	ve)	Т	_	_	_			_	_	_	_	_	_	\top	_	\neg						
Suburb/To	wn								_			_	_	_	_			_			_	_	\neg	S	tate	<u>=</u>		1	Pos	tco	de_	
]				
4 Change of authorised contact Primary contact person (all mail will be addressed to this person) First name(s)																																
Surname				_									_	_				_	_			_	_	_			_		_			
Position tit	le																															
Daytime te	leph	one								Мо	bile																				_	
													T	\top	T																	
Email addr	ess						_									_					1			_								

4 Change of authorised contact (continued)													
Secondary contact person (we'll contact this person if the primary contact is unavailable)													
First name(s)													
Surname													
Position title													
Daytime telephone Mobile													
Email address													
5 Business declaration													
I, (PRINT your full name)													
Position title													
	\top												
On behalf of (PRINT name of employer)													
Declare that I have read and understood all Business Acknowledgements below.													
• I confirm that I have the capacity and authority to sign this declaration on the business' behalf.													
I have read and understood the AustralianSuper Privacy Policy .													
Ciana have													
Sign here	D-	a+o											
	Da	are		4 54		V V							
	D		M	1 Y	Y	YY							

Privacy Collection Statement

Please read this Privacy Collection Statement to see how AustralianSuper uses your personal information. AustralianSuper Pty Ltd (ABN 94 006 457 987) of GPO Box 1901, Melbourne, Victoria 3001, collects your personal information (PI) to update your employer account details, operate the employer agreement, improve our products and services and keep you informed. If we can't collect your PI we may not be able to provide these services. PI is collected from you but sometimes from third parties. We will only share your PI where necessary to perform our activities with our administrator (Australian Administration Services Pty Ltd, being a part of MUFG Pension & Market Services Holdings Ltd), service providers, as required by law or court/tribunal order, or with your permission. Your PI may be accessed overseas by some of our service providers. A list of countries can be found at the URL below. Our Privacy Policy details how to access and change your PI, as well as the privacy complaints process. For complete details go to australiansuper.com/privacy or call us on 1300 300 273.