# Change of bank account details



# Who should use this form?

You should complete this form if you receive a pension benefit from ESSSuper and you would like to change your banking details. Valid bank accounts include: an account in your name only, a joint account which includes you as one of the account holders, or an account operated by your legal attorney or guardian. Please note: Banking details belonging to your partner, or other third parties, cannot be accepted.

If you are nominating a new bank account to replace an account previously advised to ESSSuper and you receive regular pension payments from ESSSuper, we strongly suggest that you do not close your old bank account until a payment from ESSSuper has been received into the new bank account.

## Please note:

- ESSSuper Working and Retirement Income Stream members can nominate only one bank account.
- ESSSuper Lifetime Pensioners can nominate up to four bank accounts.

You can return this form to ESSSuper by mail, fax, or email. Please note that if you email the form, you should first print and sign the form, then scan the document to send as an attachment to info@esssuper.com.au (as we require your signature on the form).

Please complete this form in pen using CAPITAL letters and mark with an [X] where applicable.

Section 1	Your personal details							
Member/Pension no.								
Title	Mr	Mrs M:	s Miss	Other (please sp	ecify)			
Surname								
Given names								
Date of birth	/	/						
Postal address								
	Suburb							
	State	Postcode						
	Mark with	Mark with an [★] if your postal and residential address are the same. If your residential address is different, please specify below.						
Residential address								
	Suburb							
	State	Postcode						
Telephone (business hours	()	)		(after hours) (	)			
Telephone (mobile)				(2.12 3.3)				
Email address								
	By providing your email address you are authorising ESSSuper to send communications to that address.  This authorisation will apply until it is revoked by you.							

Section 2	Bank ac	ccount details					
	nor ESSS	uper can accept	responsibility for	any delay or lo	ss of interest caused	account number. Neither your state of the second of the se	ınk detai
Account 1							
3SB number		-	Account	number			
Account name (e.g. John Citizen)							
Name of financial nstitution							
Address of financial nstitution							
	Suburb				State	Postcode	
Account 2							
(Not available to Incor Stream members)	me						
3SB number		-	Account	number			
Account name (e.g. John Citizen)							
Name of financial nstitution							
Address of financial nstitution							
	Suburb				State	Postcode	
Please nominate the a	mount you v	wish to be paid i	nto this account:	\$,	,	0 0 OR	%
_							
Account 3 (Not available to Incon	ma						
Stream members)	ne						
3SB number		-	Account	number			
Account name e.g. John Citizen)							
Name of financial nstitution							
Address of financial nstitution							
nstration.	Suburb				State	Postcode	
Please nominate the a	mount you v	wish to be paid i	nto this account:	\$ ,		0 0 OR	%
Account 4							
(Not available to Incor Stream members)	me						
3SB number			Account	number			
Account name e.g. John Citizen)							
c.g. John Chizerij							
Name of financial nstitution							
Name of financial institution Address of financial institution							
Name of financial nstitution Address of financial	Suburb				State	Postcode	

#### Section 3

## Your privacy

ESSSuper requires the collection of personal information to perform its functions as the administrator of various public sector superannuation schemes. All information provided to ESSSuper relating to your personal affairs will be treated in accordance with the provisions of the *Privacy and Data Protection Act 2014* and the Information Privacy Principles. For more information about ESSSuper's Privacy Policy please refer to the Privacy Statement at **www.esssuper.com.au** or call our Member Service Centre on 1300 655 476 and request a copy.

Section 4	Declaration and signature								
Jeelion 4	The above change(s) are to take effect from								
	<ul> <li>I declare that the information provided in this form is true and correct.</li> <li>By signing below, I understand and consent to ESSSuper collecting and using the information contained in this form to administer the public sector superannuation scheme of which I am a member, or beneficiary of a member.</li> <li>I acknowledge and agree that I have read and accept the statements relating to privacy (and in particular to the collection, use and disclosure of personal information by ESSSuper) appearing in the ESSSuper privacy statement available from the ESSSuper website www.esssuper.com.au. I understand and consent to this information being disclosed to third parties to administer my membership, or claim, as required or authorised by law.</li> <li>I acknowledge and agree that my benefit will be paid according to the information provided in this application.</li> <li>If you do not give your consent to ESSSuper as above, or you do not sign this form, this form cannot process, and will be returned to you for signing. You are entitled to revoke your consent.</li> </ul>								
Signature	<b>₹</b> PLEASE SIGN HERE	Date / /							

## Please forward this completed form to

ESSSuper GPO Box 1974, Melbourne Vic 3001

T 1300 650 161 | F 1300 766 757 | www.esssuper.com.au

At ESSSuper, we treat the privacy and confidentiality of our members' personal information seriously. We are committed to complying with the guidelines of the *Privacy and Data Protection Act 2014* and the *Health Records Act 2001 (Vic)*. To obtain a copy of ESSSuper's privacy policy go to our website at **www.esssuper.com.au**