

# 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 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](mailto: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.   | <input type="text"/>        |                              |                             |                               |                                |                                       |                      |                      |                      |                      |
| Title  | <input type="checkbox"/> Mr | <input type="checkbox"/> Mrs | <input type="checkbox"/> Ms | <input type="checkbox"/> Miss | <input type="checkbox"/> Other | (please specify) <input type="text"/> |                      |                      |                      |                      |
| Surname  | <input type="text"/>        |                              |                             |                               |                                |                                       |                      |                      |                      |                      |
| Given names  | <input type="text"/>        |                              |                             |                               |                                |                                       |                      |                      |                      |                      |
| Date of birth  | <input type="text"/>        | /                            | <input type="text"/>        | /                             | <input type="text"/>           |                                       |                      |                      |                      |                      |
| Postal address   | <input type="text"/>        |                              |                             |                               |                                |                                       |                      |                      |                      |                      |
| Suburb   | <input type="text"/>        |                              |                             |                               |                                |                                       |                      |                      |                      |                      |
| State  | <input type="text"/>        | Postcode                     | <input type="text"/>        |                               |                                |                                       |                      |                      |                      |                      |
| <input type="checkbox"/> Mark with an [X] if your postal and residential address are the same. If your residential address is different, please specify below. |                             |                              |                             |                               |                                |                                       |                      |                      |                      |                      |
| Residential address  | <input type="text"/>        |                              |                             |                               |                                |                                       |                      |                      |                      |                      |
| Suburb   | <input type="text"/>        |                              |                             |                               |                                |                                       |                      |                      |                      |                      |
| State  | <input type="text"/>        | Postcode                     | <input type="text"/>        |                               |                                |                                       |                      |                      |                      |                      |
| Telephone (business hours)   | (                           | <input type="text"/>         | )                           | <input type="text"/>          | <input type="text"/>           | <input type="text"/>                  | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|  |                             | (after hours)                | (                           | <input type="text"/>          | )                              | <input type="text"/>                  | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Telephone (mobile)   | <input type="text"/>        |                              |                             |                               |                                |                                       |                      |                      |                      |                      |
| Email address  | <input type="text"/>        |                              |                             |                               |                                |                                       |                      |                      |                      |                      |

 **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 account details

Please take care in recording the financial institution details, particularly the account number. Neither your bank nor ESSSuper can accept responsibility for any delay or loss of interest caused by providing incorrect bank details on this form. Changes to your bank account can only be made by completing, signing and returning this form.

**Account 1**

|                                     |                      |       |                      |                |                      |
|-------------------------------------|----------------------|-------|----------------------|----------------|----------------------|
| BSB number                          | <input type="text"/> | -     | <input type="text"/> | Account number | <input type="text"/> |
| Account name<br>(e.g. John Citizen) | <input type="text"/> |       |                      |                |                      |
| Name of financial institution       | <input type="text"/> |       |                      |                |                      |
| Address of financial institution    | <input type="text"/> |       |                      |                |                      |
| Suburb                              | <input type="text"/> | State | <input type="text"/> | Postcode       | <input type="text"/> |

**Account 2**

**(Not available to Income Stream members)**

|                                     |                      |       |                      |                |                      |
|-------------------------------------|----------------------|-------|----------------------|----------------|----------------------|
| BSB number                          | <input type="text"/> | -     | <input type="text"/> | Account number | <input type="text"/> |
| Account name<br>(e.g. John Citizen) | <input type="text"/> |       |                      |                |                      |
| Name of financial institution       | <input type="text"/> |       |                      |                |                      |
| Address of financial institution    | <input type="text"/> |       |                      |                |                      |
| Suburb                              | <input type="text"/> | State | <input type="text"/> | Postcode       | <input type="text"/> |

Please nominate the amount you wish to be paid into this account: \$  ,  ,  .  0  0 OR  %

**Account 3**

**(Not available to Income Stream members)**

|                                     |                      |       |                      |                |                      |
|-------------------------------------|----------------------|-------|----------------------|----------------|----------------------|
| BSB number                          | <input type="text"/> | -     | <input type="text"/> | Account number | <input type="text"/> |
| Account name<br>(e.g. John Citizen) | <input type="text"/> |       |                      |                |                      |
| Name of financial institution       | <input type="text"/> |       |                      |                |                      |
| Address of financial institution    | <input type="text"/> |       |                      |                |                      |
| Suburb                              | <input type="text"/> | State | <input type="text"/> | Postcode       | <input type="text"/> |

Please nominate the amount you wish to be paid into this account: \$  ,  ,  .  0  0 OR  %

**Account 4**

**(Not available to Income Stream members)**

|                                     |                      |       |                      |                |                      |
|-------------------------------------|----------------------|-------|----------------------|----------------|----------------------|
| BSB number                          | <input type="text"/> | -     | <input type="text"/> | Account number | <input type="text"/> |
| Account name<br>(e.g. John Citizen) | <input type="text"/> |       |                      |                |                      |
| Name of financial institution       | <input type="text"/> |       |                      |                |                      |
| Address of financial institution    | <input type="text"/> |       |                      |                |                      |
| Suburb                              | <input type="text"/> | State | <input type="text"/> | Postcode       | <input type="text"/> |

Please nominate the amount you wish to be paid into this account: \$  ,  ,  .  0  0 OR  %

## 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 [esssuper.com.au](https://www.esssuper.com.au) or call our Member Service Centre on 1300 655 476 and request a copy.

## Section 4

## Declaration and signature

The above change(s) are to take effect from

 /  / 

- I declare that the information provided in this form is true and correct.
- 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.
- 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 [esssuper.com.au](https://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.
- I acknowledge and agree that my benefit will be paid according to the information provided in this application.

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.

Signature

 PLEASE SIGN HERE

Date

 /  / 

Please forward this completed form to

ESSSuper GPO Box 1974, Melbourne Vic 3001  
T 1300 650 161 | [esssuper.com.au](https://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 [esssuper.com.au](https://www.esssuper.com.au)