

Not sure which investment options suit you?

AvSuper Member Advice Consultants can give you personalised advice on investment choice and income stream structure with appointments over the phone or face-to-face; just call **1300 128 751** for your appointment.



Change of income stream details

This form is for income stream members to update their payment and/or banking details for future payments. Please complete details only for the information you wish to change. Income stream payment changes will be effective immediately (note that if your next payment is due within 14 days of providing this form to us, your money may be deposited according to your current arrangements).

Please visit our website or call us for the relevant forms if you wish to change your nominated beneficiaries, investment options and insurance cover. Please send your completed form to AvSuper Admin, Locked Bag 20127, Melbourne VIC 3001.

Personal details

Member name (as per membership)

AvSuper income stream member number

Date of birth

Address

Email

Please let us know of any new address details via **AOL** or a **Change of details** form.

Changed banking details

Please provide a copy of a bank statement clearly showing the BSB, account number and account name for this account. We may contact you to verify this is a valid change of banking account.

Name of bank/building society/credit union

Branch address

Account name

BSB number

Account number

Changed payment arrangements

New payment frequency:

☐ fortnightly ☐ annually
☐ monthly

New payment amount:

☐ minimum percentage
☐ other \$ per payment period

Declaration

- I have read and understood AvSuper's privacy notice (available from www.avsuper.com.au or by phoning 1300 128 751).
- I declare the provided information is true and correct to the best of my knowledge.
- ☐ I am **OR** ☐ I am **not** a domestic **Politically Exposed Person** (someone who holds a prominent public position or function as explained on our website.)
Processing may be delayed if you do not complete this section - please call if unsure of your status.

Signature (If submitting this form via email, please type your name below.)

Date