

# Change of Details & Nomination of Dependants

This form should be used to change a member's personal details such as address, dependants or to advise their tax file number.

Membership number

## Section 1 – Members Personal Details

Mr  Mrs  Ms  Miss

Given names

Surname

Previous Surname

Please provide a copy of Marriage Certificate or Deed Poll Certificate as proof of name change.

Postal address

Postcode

Residential address

Postcode

Email

Phone Number

Date of birth

     

Tax File number

       

I authorise MIESF to disclose my tax file number when required. I have read the information on tax file numbers in the Product Disclosure Statement and in the current Additional Member Information Booklet and understand that I have the choice of supplying my tax file number but that adverse consequences may apply if I do not. I further understand that the Trustee will only use my tax file number for the correct purposes.

## Section 2 – Nomination of Dependant Details

In the event of the death of a member, the benefit provided is payable at the Trustee's discretion, to one or more of the member's dependants, or where no dependant exists, to the member's legal personal representative. You may nominate one or more dependants to whom you would prefer your benefit to be paid, alternatively you may wish to nominate your estate.

A. I have no dependants and request the Trustee to pay the benefit to my estate  OR

B. Full name of dependant

Relationship to member

Address

% of benefit

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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This nomination cancels any previous nomination made by me, and I understand that it is only an indication of my current wishes and is not binding on the Trustee of MIESF

## Section 3 – Declaration and Signature

Your signature below indicates you have read, understood and agree with the following statements:

- I understand that my personal information will be handled by the Fund to provide and manage my superannuation and without this information the Fund may not be able to provide my superannuation benefits and choices. For this purpose my personal information may pass between the Fund and the Fund's professional advisers, insurers, government bodies, my employer and other parties as required, including the trustee of any other fund I may transfer to. I may access my information by contacting the Fund's Privacy Officer.
- I agree that until I give clear and complete instructions to the Trustee, any benefit due to me upon leaving my employer will be dealt with in the manner described in the PDS and current Member Additional Information Booklet, or as otherwise allowed under Superannuation Law.
- The information provided on this form is correct to the best of my knowledge and replaces any previous information I have provided.

Member's signature

Date

     


**MEAT INDUSTRY EMPLOYEES'  
SUPERANNUATION FUND**

(ABN 17 317 520 544) Level 2, 62 Lygon Street, Carlton South VIC 3053 Phone: 1800 252 099 or (03) 9662 3861 Fax: (03) 9662 2430

Trustee: Meat Industry Employees' Superannuation Fund Pty Ltd (ABN 58 005 793 199) (AFSL 239 953)

MySuper Authorised 17317520544110

1 October 2015 (3003)