

Change of employer address details

New office address

Street name and number

Suburb / Town

State Postcode

New contact details (if different from above)

Street name and number
or PO Box number

Suburb / Town

State Postcode

Daytime phone number Alternative phone number

Email address

Change of business and/or trading name

Please attach an original certified copy of your certificate of registration on change of name

Former business name

New business name

Former trading name
(if applicable)

New trading name
(if applicable)

Change of primary employer contact

Title

Last name

Given name(s)

Position

Daytime phone number Alternative phone number

Email address

Change of authorised person(s)

New authorised signatories and online access details

By completing these details you're authorising us to accept on your behalf the signature of any of the person(s) nominated for the purpose of any request for payment of monies from your plan or making any communication required to facilitate the administration of your Suncorp Everyday Super account. In addition, you also authorise them to have online access to your employer account details via our website at everydaysuper.com.au. This may include personal information about your employees.

If you'd like to nominate more than two people, please copy this section and attach to this form.

Access level codes for authorised users

- A Employer authorised – full access: These users can create/upload contribution schedules, create/modify/terminate members, submit/authorise contribution schedules and change employer details (ie all functions currently available)
- B Employer authorised – restricted access: These users can do everything that a user with full access can do, except submit/authorise contribution schedules

Authorised signatory 1

Title

Last name

Given name(s)

Position

Daytime phone number Alternative phone number

Email address

Access level A B Office use only

Signature Office use only

Authorised signatory 2

Title

Last name

Given name(s)

Position

Daytime phone number Alternative phone number

Email address

Access level A B Office use only

Signature Office use only

Remove existing authorised signatories

By completing these details you're authorising us to remove the following person(s) as an authorised signatory from facilitating the administration of your Suncorp Everyday Super employer account. You're also authorising us to remove their online access to your Suncorp Everyday Super employer account.

Existing authorised signatory 1

Last name

Given name(s)

Existing authorised signatory 2

Last name

Given name(s)

Declaration and signature (cannot be signed by a new authorised signatory listed above)

I confirm:

- The information I've provided on this form is true and correct
- I've read and agree to be bound by Suncorp Everyday Super's privacy policy which is available from your website at suncorp.com.au
- I authorise the persons listed above as a new authorised signatory to access my Suncorp Everyday Super online account
- I accept I'm responsible for the conduct of these persons when they access my Suncorp Everyday Super online account
- I'll promptly advise you if any of these details change or of any circumstances where these persons have or should have (eg where they cease to be my employee) their access removed to my Suncorp Everyday Super online account

Signature of current
authorised signatory

Date ||/||/||||

Full name

Where to send the form

Please send the completed form and any required attachments to

Suncorp Everyday Super
GPO Box 2585
Brisbane QLD 4001