

Declaration (this section must be completed)

I acknowledge that the change will occur at the later of the date this form is received by Suncorp or the date specified over.

Signature

Date / /

Return this form to: **The Plan Administrator**
Suncorp Staff Plan
GPO Box 1453 (LS004)
Brisbane QLD 4001
Fax: 07 3002 3259

Note:* If you have not received a response in 5 days please contact the Plan Administrator on 07 3167 9155 or 1800 652 489.