

Change of adviser form

Issued 30 May 2016

Suncorp Portfolio Services Limited (Trustee)
ABN 61 063 427 958, AFSL 237905, RSE L0002059

Use this form to let us know your new adviser's details

Tips to help you complete this form

- Use a blue or black pen and write in CAPITAL letters
- Use an 'x' to mark answer boxes
- If you're a **member** please complete the personal details section and ask your adviser to complete the 'Your new adviser' section. Then please sign and date the form
- If you're an **employer** please complete section the 'Employer details' and ask your adviser to complete the 'Your new adviser' section then sign and date the form.

Have any questions?

If you'd like help completing this form, or if you have any questions, just call 13 11 55.

Personal details (member to complete)

Account number*	<input type="text"/>		
Title*	<input type="text"/>		
Last name*	<input type="text"/>		
Given name(s)*	<input type="text"/>		
Date of birth*	<input type="text"/>		
Daytime phone number*	<input type="text"/>	Mobile phone number*	<input type="text"/>
Email address*	<input type="text"/>		

Employer details (employer to complete)

Employer account number*	<input type="text"/>
Contact name*	<input type="text"/>
Company name*	<input type="text"/>
Trading name	<input type="text"/>
ABN	<input type="text"/>
Daytime phone number	<input type="text"/>
Employer email address*	<input type="text"/>

*mandatory field

Your new adviser (your adviser to complete)

Suncorp adviser ID	<input type="text"/>
Last name	<input type="text"/>
Given name(s)	<input type="text"/>
Company name	<input type="text"/>
Licensee name	<input type="text"/>
Address	<input type="text"/>
Suburb/Town	<input type="text"/>
State	<input type="text"/> Postcode <input type="text"/>
Daytime phone number	<input type="text"/> Mobile phone number* <input type="text"/>
Email address*	<input type="text"/>
Adviser's signature	<input type="text"/> Date <input type="text"/>

Member or employer declaration and signature

I/We confirm the information provided about me/us in this form is true and correct.

Signature	<input type="text"/>	Date <input type="text"/>
Signature (if applicable)	<input type="text"/>	Date <input type="text"/>

Employer only to complete

Print full name	<input type="text"/>
Position	<input type="text"/>

Where to send the form

Please send the completed form and any required attachments to:



Suncorp Super
GPO Box 2585
Brisbane QLD 4001 Australia