

## Change of adviser form

Issued 27 May 2017

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 us between 8am and 6pm (Eastern Standard Time) Monday to Friday.

### 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

 [super@suncorp.com.au](mailto:super@suncorp.com.au)