

Suncorp WealthSmart® Business Super Employer change of details form



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

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Please use this form to update your business address, name, contact details or change your authorised representative.

Tips to help you complete this form

- Use blue or black pen and BLOCK letters
- Use a cross (X) to mark answer boxes
- Complete all sections of the form and sign and date on the last page.

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

1. Employer details

Suncorp WealthSmart employer account number	<input type="text"/>
Company name	<input type="text"/>
Trading name	<input type="text"/>
ABN	<input type="text"/>

2. Change of address details

Office address (sorry - we can't accept PO Boxes)

Street address	<input type="text"/>
Suburb/Town	<input type="text"/>
State	<input type="text"/>
Postcode	<input type="text"/>

Postal address (if different from above)

Street address/ PO Box	<input type="text"/>
Suburb/Town	<input type="text"/>
State	<input type="text"/>
Postcode	<input type="text"/>

3. Change of business name and/or trading name

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

Former business name	<input type="text"/>
New business name	<input type="text"/>
Former trading name (if applicable)	<input type="text"/>
New trading name (if applicable)	<input type="text"/>

4. Change of employer contact details

Title	<input type="text"/>
Last name	<input type="text"/>
Given name(s)	<input type="text"/>
Position	<input type="text"/>
Daytime phone number	<input type="text"/>
Mobile	<input type="text"/>
Email	<input type="text"/>

5. Change of authorised person(s)

i) 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 plan. In addition, you also authorise them to have online access to your plan details via our website at suncorp.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.

Authorised signatory 1

Title	<input type="text"/>	
Last name	<input type="text"/>	
Given name(s)	<input type="text"/>	
Position	<input type="text"/>	Date of birth <input type="text"/> / <input type="text"/> / <input type="text"/>
Daytime phone number	<input type="text"/>	
Email	<input type="text"/>	
Access level*	<input type="checkbox"/> A <input type="checkbox"/> B	Office use only <input type="text"/>
Signature	<input type="text" value="X"/>	Office use only <input type="text"/>

Authorised signatory 2

Title	<input type="text"/>	
Last name	<input type="text"/>	
Given name(s)	<input type="text"/>	
Position	<input type="text"/>	Date of birth <input type="text"/> / <input type="text"/> / <input type="text"/>
Daytime phone number	<input type="text"/>	
Email	<input type="text"/>	
Access level*	<input type="checkbox"/> A <input type="checkbox"/> B	Office use only <input type="text"/>
Signature	<input type="text" value="X"/>	Office use only <input type="text"/>

* 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.

ii) 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 Plan. You're also authorising us to remove their online access to your plan.

Last name	<input type="text"/>
Given name(s)	<input type="text"/>
Last name	<input type="text"/>
Given name(s)	<input type="text"/>

6. Declaration and signature

- I confirm the information I've provided on this form is true and correct.
- I've read and agree to be bound by Suncorp WealthSmart's privacy policy which is available from your website at suncorp.com.au
- I authorise the persons listed in section 5 (i) to access my Suncorp WealthSmart online account.
- I accept I'm responsible for the conduct of these persons when they access my Suncorp WealthSmart 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 WealthSmart online account.

Signature of authorised signatory*

Print full name

Position

Date

* Cannot be one of the new authorised signatories listed in section 5.

Please send the completed form and any required attachments to: **Suncorp WealthSmart**
GPO Box 2585
Brisbane QLD 4001

or fax to: **1300 172 693 (if you're changing your business name, we can't accept a fax)**