

Suncorp Superannuation Change of adviser form

Issued 01 April 2022

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

Tips to help you complete this form

- Use blue or black pen and CAPITAL letters
- Use an (X) to mark answer boxes
- Complete all sections of the form and sign and date on the last page
- 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 have any questions about how to complete this form, speak to your financial adviser or call us on 13 11 55 between 9am and 5pm (Australian 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" value="DD / MM / YYYY"/>		
Daytime phone number*	<input type="text"/>	Mobile phone number*	<input type="text"/>
Email address*	<input type="text"/>		

Employer details (employer to complete)

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"/>
Email address*	<input type="text"/>

*mandatory field

Your new adviser (your adviser to complete)

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"/>				
Street name and number or PO Box number	<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"/>				
Signature	<input type="text"/>	Date	<input type="text" value="DD / MM / YYYY"/>		

*mandatory field

Member or employer declaration and signature

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

Signature

Date

Signature (if applicable)

Date

Employer only to complete

Full name

Position

Where to send the form

Please send the completed form and any required attachments to:

Mail: Suncorp Super
GPO Box 2585
Brisbane QLD 4001

Email: super@spsl.com.au