

Suncorp Superannuation Employer alteration advice 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

Have any questions? If you have any questions about how to complete this form, speak to your financial adviser or just call us between 9am and 5pm (Australian Eastern Standard Time) Monday to Friday on:

- Suncorp Brighter Super - 13 11 55
- Suncorp Everyday Super - 1800 191 517.

Employer details

Contact name*	<input type="text"/>		
Trading name	<input type="text"/>		
ABN/ACN	<input type="text"/>		
Address	<input type="text"/>		
Suburb	<input type="text"/>	State	Postcode
Employer number*	<input type="text"/>		
Company name	<input type="text"/>		
Daytime phone number	<input type="text"/>		
Email address*	<input type="text"/>		

Change of address details

Business address

Address	<input type="text"/>		
Suburb	<input type="text"/>	State	Postcode

Postal address (if different from above)

Address	<input type="text"/>		
Suburb	<input type="text"/>	State	Postcode

Change of business name and/or trading name

Please attach an original certified copy of your certificate of registration for 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"/>

*mandatory field

Change of authorised third party details

The Trustee is authorised to accept on behalf of the employer, the signature of any person advised by the employer as an authorised third party of the employer's plan.

Full name of representative	<input type="text"/>
Title	<input type="text"/>
Signature of representative	<input type="text"/>
Full name of representative	<input type="text"/>
Title	<input type="text"/>
Signature of representative	<input type="text"/>

Full name of representative	<input type="text"/>
Title	<input type="text"/>
Signature of representative	<input type="text"/>

The employer appoints each of the above persons as an authorised third party as above.

Signed	<input type="text"/>	Director/Secretary/Owner
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Change of adviser

Suncorp adviser ID	<input type="text"/>		
Adviser name	<input type="text"/>		
Company name	<input type="text"/>		
Licensee name	<input type="text"/>		
Address	<input type="text"/>		
Suburb	<input type="text"/>	State	<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" value="DD / MM / YYYY"/>

Declaration

I hereby declare that the information provided above is true and correct.

Employer's signature	<input type="text"/>	Director/Secretary/Owner
Print name	<input type="text"/>	
Date	<input type="text" value="DD / MM / YYYY"/>	

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