

Update of member record form

Use this form to tell LGsuper about a member's change of name, address or transfer to another local government employer.

Personal details LGsuper respects privacy. All personal information collected is protected in line with the National Privacy Principles and LGsuper's Privacy statement.

Surname

Given name/s

Member number

Name change (if applicable)

New surname

New given name/s

Transfer to new employer (if applicable)

The above member has transferred as follows:

Old employer to complete sections 1 and 2.

New employer to complete sections 3, 4, 5 and 6.

1. Old employer

2. Date left

DD / MM / YYYY

3. New employer

4. Date started

DD / MM / YYYY

5. Benefit class at new employer

 Class 1 Class 3 Class 4

6. Salary sacrifice

 Yes No

Member's address change (if applicable) Please provide new address for member below.

New street address

Suburb/town

Postcode

Signature

I confirm the details above are correct and if providing a name change, I have sighted a certified copy of identification (e.g. Marriage Certificate, Decree Nisi) that will be made available to LGsuper on request.

Authorised signature for employer

Employer

Date

DD / MM / YYYY