

# **Change of Contact Details**

Please send the complete form and any supporting documents to:

State Super (Pensions) GPO Box 2181 Melbourne VIC 3001

Alternatively, you may upo your details online at www.statesuper.nsw.go via the Pension Member's area, or by contacting Customer Service.

ABN 29 239 066 746 SPIN SAS0101AU

	Section 1 – N	ew contact details				
ease send the completed m and any supporting cuments to:	Member number *This information must be provid				must be provided.	
ate Super (Pensions) PO Box 2181 elbourne VIC 3001	*Given name(s)					
ernatively, you may update ur details online at ww.statesuper.nsw.gov.au the Pension Member's ea, or by contacting ustomer Service.	*Surname					
	*Residential addre	ess				
	*Suburb			*State/Territory	*Postcode	
SN 29 239 066 746 SN SAS0101AU	Postal address (if different from above)					
	Suburb			State/Territory	Postcode	
	*Daytime contact	telephone number	Mobile	number		
	Email address					
	Section 2 – Next of kin details					
This information is optional and is included for contact purposes only.	Relationship					
	Given name(s)					
	Surname					
	Postal address					
	Suburb			State/Territory	Postcode	
	Country (if outside	e Australia)				

#### If you need help with this form

Contact Customer Service between 8:30 am and 5:30 pm AEST from Mon-Fri on 1300 652 113 or email enquiries@stc.nsw.gov.au

Section 2 – Next of kin details (continued)
Daytime contact telephone number
Mobile number
Section 3 – Certification
Certification by pensioner
I confirm that the information on this form is true and complete.
Signature

### OR

#### **Certification by Power of Attorney**

I confirm that the information on this form is true and complete and that the pensioner is alive at the date this form is completed, and that the *Power of Attorney* has not lapsed or been revoked.

Date

Date

/ /

/

/

Signature

If you are completing this form under a *Power of Attorney* and you have not previously given State Super a certified copy of this document, you will need to provide a certified copy of the *Power of Attorney*. Each page must be individually certified.

## If you need help with this form

Contact Customer Service between 8:30 am and 5:30 pm AEST from Mon-Fri on 1300 652 113 or email enquiries@stc.nsw.gov.au