

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and that the pensioner is alive at the date this form is completed, and that the *Power of Attorney* has not lapsed or been revoked.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