

Goldman Sachs & JBWere Superannuation Fund

Change details advice

To be completed by an authorised signatory and forwarded to Goldman Sachs & JBWere Superannuation Fund, GPO Box 4303, Melbourne, VIC 3001.

Step 1 – Input member details

Please print in black or blue pen, in uppercase, one character per box.



I authorise you to make the changes noted in Steps 2 and 3 in respect to the following information.

Membership number

Payroll number

Date of birth

Initials

Surname

Comments (if applicable)

Effective date of change

Step 2 – Advise details of new name (if applicable)

Name (see the declaration under Step 4)

Insert new surname

Insert new given names if (changed)

Select new Title (if changed)

Mr Mrs Ms Miss Other

Issued by BEST Superannuation Pty Ltd (ABN 57 070 732 008, AFSL 530672) as trustee of the Goldman Sachs & JBWere Superannuation Fund (ABN 55 697 537 183, SPIN BES0001AU)



Step 3 – Mark type of change and details of change applicable

Address

Insert new postal address

Suburb

State

Postcode

Type of employment / Hours worked

Input employment status as Casual, Part-time or Full-time

If Part-time or Casual input number of hours worked per week (or fraction)

Salary

Input new salary (if Part-time input equivalent Full-time salary)

\$

Commencing leave without pay:

Input date commencing leave without pay:

Mark or input type of leave

Maternity

Unpaid

Other

Returning from leave without pay

Input date returning from leave without pay:

Are contributions to be suspended during period of unpaid leave?

Company Contributions

Yes No

Member Contributions

Yes No

Is insurance cover to be continued during the period of unpaid leave?

Death Cover

Yes No

Total and Permanent Disablement Cover

Yes No

Temporary Disablement Cover

Yes No

If the answer to any of the insurance cover questions is Yes:

• what salary is the insurance cover based on

\$

• and who will pay the cost of the insurance cover

Employer Member

Commencing work overseas

Input date commencing work overseas

Input country employee will reside in (and input new address above)

Returning from work overseas

Input date returning from overseas (input new address above)

Category / Benefit class

Input new Category / Benefit Class transferring to

Reporting centre

Input new Reporting centre

Location / Division

Input new Location / Division



Step 4 – Sign the form

Employer declaration / Authorised signatory

For the above changes I have:

- sighted the original or a certified copy of the Marriage Certificate, Deed Poll or change of name certificate from Births, Deaths and Marriages Registration office for the name change
- given the member information (including the relevant Product Disclosure Statement) describing the benefits applicable to the new category, for the category change.

Signature

Date

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