

## Before you start...

Fill this form out in **BLOCK** letters using a black or blue pen. Write 'X' to mark boxes.

### 1. Your existing personal details with Team Super

Mr	Ms	Mrs	Miss	Dr	Other	Male	Female	Member number											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Previous given name(s)								Previous surname name											
<input type="text"/>								<input type="text"/>											

### 2. Your new personal details

Mr	Ms	Mrs	Miss	Dr	Other	Male	Female	Current given name(s)	Current surname
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

### 3. Evidence of your name change

We need you to attach one certified identification document that shows your **new name**. This could be a certified copy of your driver's licence, passport or proof of age card. For information on certified identification documents, read our **How to prove your identity factsheet** at [teamsuper.com/resources](https://teamsuper.com/resources)

<input type="checkbox"/> driver's licence	<input type="checkbox"/> passport	<input type="checkbox"/> proof of age card
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We also need you to attach a certified copy of **one** of the following documents that shows your **old name**:

<input type="checkbox"/> marriage certificate	<input type="checkbox"/> birth certificate	<input type="checkbox"/> deed poll	<input type="checkbox"/> change of name certificate	<input type="checkbox"/> divorce order
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### 4. Your signature

Please change my name as indicated above.

Your signature	Date (DD-MM-YYYY)
<input type="text"/>	<input type="text"/>

When complete return this form to us by:

Post Team Super  
Locked Bag 2020 Newcastle NSW 2300