


Vanguard INVESTMENTS®

Change of Details Form

Vanguard® Personal Superannuation Plan

Complete this form if you are an existing member who wishes to change your personal details and/or plan details.

Please complete the relevant sections in BLOCK letters.

Please tick the relevant details you wish to change.

Returning this form

You can return this form by fax or post unless you are enclosing any certified evidence in which case you should post the form to us.

Fax	Mail	More information
1300 765 712	Vanguard Personal Superannuation Plan GPO Box 3006FF Melbourne Vic 3001	1300 655 101 Vanguard Member Services are available from 8:00 am to 6:00 pm Monday to Friday (Melbourne Time)

	Complete sections		Complete sections
I wish to change my: Contact details	<input type="checkbox"/> 1, 2 & 7	Name	<input type="checkbox"/> 1, 4 & 7
Annual Report Options	<input type="checkbox"/> 1, 6 & 7	Financial Adviser	<input type="checkbox"/> 1, 5 & 7
		Change of beneficiaries	<input type="checkbox"/> 1, 3 & 7

1. Member details (must be completed)

Member number

Member name

Contact phone no./s

2. New contact details

If you are changing your address please provide a certified copy of your identification. Please note this is not a requirement if you change your address via Vanguard Online or if you contact our Vanguard Member Services Associates on 1300 655 101.

Country of residence

Residential address (must not be a PO Box No.)

Suburb State Postcode Country

Postal address (if different from above)

Suburb State Postcode Country

Home phone no. Business phone no.

Mobile phone no. Fax no.

Email address

3. Non-binding change of nomination of beneficiaries

(Note: when assessing who is entitled to your benefits in the event of your death the Trustee will take this nomination into account, however, is not bound by this nomination – for further information on Death benefits please refer to page 42 of the Vanguard Personal Superannuation Plan Product Disclosure Statement dated 1 March 2010.)

Details of nominee you wish to remove from your preferences

Surname Given name/s

Relationship % of benefit

Date of Birth

New nominee details

Surname Given name/s

Relationship % of benefit

Date of Birth



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Please complete the relevant sections in BLOCK letters.

4. Change of name

Title (Please circle) Mr / Ms / Mrs / Miss / Other

New surname

New given name(s)

Old signature (please also sign in section 7 using new signature)

Please attach certified evidence of change of name, e.g. copy of marriage certificate.

5. Change to adviser or broker details

Adviser no. (if applicable) AFSL no.

Business name

Dealer group (if different from above)

Full name of individual adviser

Postal address

Suburb State Postcode

Country

Mobile no. Facsimile no.

Business no.

Email address

I no longer have a financial adviser

6. Annual report options (please tick ✓ one option)

I wish to receive a notification by email when the annual report is available online each year.

Please confirm your current email address. _____

I wish to receive a printed copy of the annual report in the mail each year.

7. Signature (must be completed)

Signature

Name

Date