

# Change of Details Form FirstChoice Wholesale Pension only



Please use this form to update your details for FirstChoice Wholesale Pension (051)

Please complete this form using **BLACK INK** and print well within the boxes in **CAPITAL LETTERS**. Mark appropriate answer boxes with a cross like the following ☒. Start at the left of each answer space and leave a gap between words.

Fields marked with an asterisk (\*) must be completed.

SAVE FORM

PRINT FORM

## 1 INVESTOR DETAILS

Account number\* – To avoid processing delays please ensure your account number is clearly marked.

           

Title

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Full given name(s)\*

Surname\*

Date of birth\*

 dd/mm/yyyy

Existing address with CFS

Unit number  Street number  Street name

Suburb  State  Postcode

Country

## 2 USE THIS SECTION TO UPDATE YOUR CONTACT DETAILS

New residential address (PO Box is NOT acceptable)

Unit number  Street number  Street name

Suburb  State  Postcode

Country

New postal address

Unit number  Street number  PO Box  Street name

Suburb  State  Postcode

Country

Work phone number  Home phone number  Fax number  Mobile phone number

Email address

If you are updating your email address and/or mobile number, we are required to verify you. Please complete section 5. Not completing this section may cause delays in processing your request.

### We will use your contact details in the following way:

By providing your email address and mobile number you are consenting to receive important information about your account including statements, transaction confirmations, significant event notices, education and market updates via email, your account online, SMS, mobile phone app or other electronic means. You are also consenting to receive marketing communications about our products and services.

Please note, you are able to change your communications preferences at any time via your secure online login or by calling us on 13 13 36. However, you are unable to opt out of receiving communications which we are required to send you by law.

Your contact details will also be used for security validations and to provide secure access to your account. For more information refer to the CFS Privacy Policy, which is available on our website at [cfs.com.au/privacy](http://cfs.com.au/privacy).

### 3 USE THIS SECTION TO UPDATE OR CHANGE YOUR ACCOUNT NAME

If your name has changed, please attach a copy **certified** by a Justice of the Peace, solicitor or notary of the documentation by which you registered your change of name, such as a Marriage Certificate, Deed Poll or Decree nisi (in the case of divorce). Additional certification options are available from our 'Certification of documents – list of prescribed persons' form at [www.cfs.com.au/content/dam/prospects/fs/4/5/fs4523.pdf](http://www.cfs.com.au/content/dam/prospects/fs/4/5/fs4523.pdf)

Title

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Full given name(s)\*

Surname\* (Please supply relevant certified documents if details have changed)

Date of birth\*

Old signature of member

Print name

Date signed

New signature of member

Print name

Date signed

### 4 USE THIS SECTION TO CHANGE YOUR ONLINE SERVICES

You can elect to access your investment details over the internet through FirstNet. Online access is provided under the terms and conditions outlined in the Product Disclosure Statement. Transactional access is not available to certain investors, and will vary across our product range. Any selection you make in this section will apply to all investments you hold with us.

What type of online access do you require?

☐ Transactional access ☐ Enquiry access ☐ No online access

## 5 PROVING YOUR IDENTITY

When updating your details we are required to verify your identity. If you have not recently provided certified ID please complete one of the options below to prove your identity

If you have not previously provided proof of your identity to us, you will need to do so before we can pay you your benefit. Proving your identity ensures your benefit is paid to you and no one else. There may be times we need to contact you to further verify your identity.

Select one option to prove your identity:

☐

### Option 1 – I want to use electronic verification

Provide details of EITHER your current valid Australian Driver Licence or Australian Passport.

Full name as appears on my driver's licence

Licence number

State of issue

Expiry date

or

My Australian passport number is

Place of birth (as shown on your passport)

Country of birth (not shown on your passport)

Family name at birth (not shown on your passport)

☐

### Option 2 – I want to provide paper copies of certified documents

Please ensure that you provide photocopies of your original identification document and that they are correctly certified on each page as true copy. This also includes international documentation. For more information refer to our website on [Identification and Verification – Certification of Documents](#).

## 6 DECLARATION AND SIGNATURE

The Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (Cth) requires us to verify your identity before we can process your instructions. This means your personal information will be provided to an authorised third party to use the Australian Government Document Verification Service that matches government-issued identification documents (e.g., passport, driver's licence, birth certificate, Medicare) with the issuing government agency. This information and the search results are retained by us to comply with our identification and record-keeping requirements. By signing this form, you give your consent for your identity information to be verified electronically through the Australian Government Document Verification Service. Your personal information will be handled in accordance with our privacy policy, which includes our Privacy Collection Notice. Please click 'Privacy' at the bottom of any webpage on the CFS public website. If you have any further questions, please contact us by calling our Service Centre on 13 13 36. You can find more information about the Document Verification Service at [www.dvs.gov.au](http://www.dvs.gov.au)

I declare that:

- all details in this form are true and correct
- if this form is signed under Power of Attorney, the Attorney declares that they have not received notice of revocation of that power (a certified copy of the Power of Attorney should be submitted with this form unless we have already sighted it)
- I release and indemnify AIL against any liabilities whatsoever arising out of AIL acting on any communications received by phone, fax or other electronic means including without limitation transactions effected through the internet in respect of my investments
- AIL and/or its related entities will not be liable to me or other persons for any loss suffered (including consequential loss) in circumstances where transactions are delayed, blocked, frozen or where AIL refuses to process a transaction or ceases to provide me with a product or service.

I acknowledge that:

- the investment performance and the repayment of capital of AIL products is not guaranteed.

Investments in FirstChoice Wholesale Pension USI FSF0510AU (referred to as 'FirstChoice' or the fund) are offered from Colonial First State FirstChoice Superannuation Trust ABN 26 458 298 557 by Avanteos Investments Limited ABN 20 096 259 979, AFSL 245531.

Signature of member

Print name

Date signed

If you are signing under a Power of Attorney, please comply with the following:

- attach a certified copy of the Power of Attorney document
- each page of the Power of Attorney document must be certified by a Justice of the Peace, Notary Public or Solicitor. Additional certification options are available from our 'Certification of documents - list of prescribed persons' form at [www.cfs.com.au/content/dam/prospects/fs/4/5/fs4523.pdf](http://www.cfs.com.au/content/dam/prospects/fs/4/5/fs4523.pdf)
- please also supply a certified copy of the identification documents for the Attorney, containing a sample of their signature, eg Drivers Licence, Passport, etc. The Attorney will also need to complete a power of attorney identification form (to enable us to establish the identity of the Attorney) which can be obtained from our forms library at [www.cfs.com.au/forms](http://www.cfs.com.au/forms) or by phoning Investor Services on 13 13 36.

Please send the completed form to:

Colonial First State  
Reply Paid 27, Sydney NSW 2001

Avanteos Investments Limited ABN 20 096 259 979, AFSL 245531 (AIL) is the issuer of interests in FirstChoice Wholesale Pension from the Colonial First State FirstChoice Superannuation Trust ABN 26 458 298 557. Product Disclosure Statements (PDS) are available from [www.cfs.com.au](http://www.cfs.com.au) or by calling 13 13 36. You should read the relevant PDS and FSG to assess whether the information is appropriate for you and consider talking to a financial adviser before making an investment decision. The investments are subject to investment and other risks, including possible delays in repayment and loss of earnings.