

# Change my details

## Health Super Pension



### Important information

Use this form to update your details. If you are changing your name or date of birth, please provide certified copies of official documentation i.e. your birth or marriage certificate. Refer to the Proof of ID page on our website [healthsuper.com.au](http://healthsuper.com.au) for further information.

### Your details

\*Your Health Super Pension Number

/ABP

\*Given name(s)

Mr Ms Mrs Miss Dr Other (specify)

\*Surname

\*Date of birth

\*Residential address

City/Town

State

Postcode

Phone number

Mobile

Email address

Postal address (if different from above)

City/Town

State

Postcode

\*Indicates mandatory fields. Please ensure these fields are completed properly.

**Tip:** When supplying Health Super with new or updated details, please ensure you provide the following:

- your full name with no initials, including given name(s) and surname;
- your full residential address, (PO Boxes will not be accepted); and
- your date of birth.

If any of this information is not included Health Super may need to verify your identify before accepting your request.



The original form and certified copies of your identification should be sent via our postal address:  
Health Super Pty Ltd, Locked Bag 2900, COLLINS STREET WEST VIC 8007

### Sign and date

I declare that the information given in this application is correct.

Signature

Date

### PRIVACY:

We collect your personal information for purposes detailed in Privacy Statements in Health Super's Pension Guide (Product Disclosure Statement) we have sent you. To find out more, read our Privacy Policy on [healthsuper.com.au](http://healthsuper.com.au). If you would like a copy, or if you would like to access or update the personal information we hold about you, please contact Health Super's Privacy Officer on 1800 331 719.

Issued by Health Super Pty Ltd (ABN 97 084 162 489, AFSL No. 246492) as Trustee of THE Health Super Fund (ABN 88 293 440 675).

