

Please complete this form to change the client details on file. Please note, all changes must be supported by the appropriate documents. All authorised signatories are required to sign this form.

Your details

Full name

Garrison Bridge member number

Date of birth

Updated client details

Mr Mrs Ms Miss Dr Other

Full Name (first name/surname)

Date of Birth (dd/mm/yyyy)

Phone number

Residential Address (including Country)

Postal Address (if different from above)

Email address

Bank account information

You must provide us with bank account details which is in the same name as your Garrison Bridge Superannuation Scheme holding.

Name of account

Bank name and branch

Account number

International Swift details if applicable

Account currency

Your Beneficiaries

Please advise who you wish the beneficiaries of your Garrison Bridge Superannuation Scheme to be upon your death.

My estate. I acknowledge that it is my responsibility to keep my Will up-to-date.

OR: To the following beneficiaries (*please provide information below*)

Beneficiary one:

Full Name

Address

Relationship

Date of birth

Proportion

 %

Beneficiary two:

Full Name

Address

Relationship

Date of birth

Proportion

 %

Signature

Full name of signatory

Member signature

Date

Full name of signatory

Member signature

Date

Please provide the following documentation to accompany this form:

Change of name: Evidence of name change e.g. marriage certificate

Change of address: Proof of address document e.g. utility bill dated in the last three months

Change of bank account: Certified bank statement or deposit slip

Documentation must be certified by a trusted referee as per the below or verified by an adviser.

Lawyer in your country

Justice of the Peace

Chartered Accountant

Notary public

Member of Police

Registered teacher / medical doctor