

Change Of Member Details Form

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.

Member Details

Full Name

Garrison Bridge Member Number

Date of Birth (DD/MM/YYYY)

Confirm Updated Details

Please check the box/es of the details that are needing to be changed.

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Evidence Required

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

Registered medical doctor

Sending Your Application

Please post or courier all original completed forms
and supporting documents to our service centre:

Post: PO Box 10760, Wellington 6140, New Zealand

Courier: Level 3, 120 Featherston Street,
Wellington 6011, New Zealand

Contact Details

Website: www.garrisonbridge.co.nz

Email: super@garrisonbridge.co.nz

Phone: 0800 254 338

Member Details

Mr

Mrs

Ms

Miss

Dr

Other

Full Name

Date of Birth (DD/MM/YYYY)

Phone Number

Residential Address

City

Country

Postcode

Postal Address (if different from above)

City

Country

Postcode

Email Address

Bank 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



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

City

Country

Postcode

Relationship

Date of Birth (DD/MM/YYYY)

Proportion

%

Beneficiary Two

Full Name

Address

City

Country

Postcode

Relationship

Date of Birth (DD/MM/YYYY)

Proportion

%

Member Signature

I understand that Garrison Bridge Superannuation Scheme will implement the above changes as soon as is practical.

Member Signature

Date (DD/MM/YYYY)

