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

SuperLife UK Pension 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.

- ☐ **Member Details** Page 2
- ☐ **Tax Information** Page 2
- ☐ **Bank Information** Page 2
- ☐ **Beneficiaries** Page 3

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 twelve 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.

Commonwealth representative (as defined in the Oaths and Declarations Act 1957);
Member of the Police;
Justice of the Peace;
Registered medical doctor;
Kaumātua (as verified through a reputable source);
Registered teacher;
Minister of religion;
Lawyers (as defined in the Lawyers and Conveyancers Act 2006);
Notary public;
New Zealand honorary consul;
Member of parliament;
Chartered accountant (within the meaning of section 19 of the New Zealand Institute of Chartered Accountants Act 1996); and
A person who has the legal authority to take statutory declarations or the equivalent in New Zealand.

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 5, 139 The Terrace,
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

Tax Information

If you are a non New Zealand resident investor, your PIR is 28%.

IRD Number: **PIR:** 10.5% 17.5% 28%

If you are unsure how to calculate your PIR rate, please refer to the Inland Review for guidance.

Bank Information

You must provide us with New Zealand dollar bank account details which is in the same name as your SuperLife UK Pension Transfer Scheme holding.

Name of Account

Bank Name and Branch

Account Number

Beneficiaries

Please advise who you wish the beneficiaries of your SuperLife UK Pension 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 SuperLife UK Pension Transfer Scheme will implement the above changes as soon as is practical.

Member Signature | **Date (DD/MM/YYYY)**