FIRST STATE SUPER
FSS Trustee Corporation
ABN 11 118 202 672 AFSL 293340

Insured members change of employment advice

You should complete this form if you have changed employers or occupations. Based on your answers, your insurance cover or premium rates may improve. For further information please refer to the current First State Super *Product Disclosure Statement.*

1. Your personal details

Member number

Title (Mr Mrs Ms Miss Dr)

Male ☐ Female ☐

Birth date D D / M M / Y Y Y Y

Family name

Given name/s

Postal address

Suburb

State

Postcode

Daytime contact telephone number

Mobile number

Email address

2. Employment details

Previous employer

Previous occupation

Date ceased employment D D / M M / Y Y Y Y

New employer

Address of employer (please include postcode)

Suburb

State

Postcode

Payroll contact name

Employer phone number

Employee number

Date commenced D D / M M / Y Y Y Y

New occupation

Main duties of new occupation

Member signature

Signature

Date D D / M M / Y Y Y Y

Privacy

The information you provide in this form is collected by and held for First State Super by the fund administrator, Pillar Administration, in accordance with the National Privacy Principles of the *Commonwealth Privacy Act.* For further information about privacy, contact Customer Service on 1300 650 873 or visit www.firststatesuper.com.au to view the Privacy Policy.

Return the completed form to First State Super PO Box 1229 WOLLONGONG NSW 2500

If you have any enquiries please call Customer Service on **1300 650 873** between 8:30 am and 5:30 pm AEST from Monday to Friday for the cost of a local call (unless calling from a mobile or pay phone).

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