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

Complaint registration form

Please print clearly in black ink.

You may use this form if you wish to register a complaint about any aspect of your First State Super membership. If you would like more information before completing this form, please call Customer Service on 1300 650 873.

1. Your personal details

Member number (if a member)

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. Details of the complaint

Please provide details of the complaint and supply any relevant documents and other information that may support the complaint and its resolution. Please attach additional pages if necessary.

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If you need help with this form: Contact Customer Service between 8:30 am and 5:30 pm AEST from Monday to Friday on **1300 650 873**

3. Complaint resolution

Please provide details of how you would like your complaint resolved.

4. Declaration

I declare that the information included on this form is a true and accurate representation of the events leading to this complaint.

Name (Print in BLOCK LETTERS)

Signature

Date

D D / M M / Y Y Y Y

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

We will send you a letter of acknowledgement shortly after we receive this form.

Clear form Print

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