



# CHANGE OF EMPLOYMENT DETAILS

Date Stamp (Internal Office Use Only)

Please complete this form with a Black pen using BLOCK letters and send it to:  
WA Local Government Superannuation Plan, PO BOX Z5493 St Georges Tce, Perth WA 6831

Please fill circles like this ● NOT like this ⊗ ⊘

→ The purpose of this form is to notify the Fund of your new employment details. If you are a new member (i.e; you currently do not have an account), you will be required to complete the New Member Application form.

## Section 1 Your Personal Details

Client Number

Surname

Given name(s)

Date of birth

Mr  Mrs  Ms  Miss

Contact Details **NB: Residential address must be provided**

Residential Address

Suburb

State

Postcode

Postal Address

Suburb

State

Postcode

Home Phone incl. area code e.g. 0812345678

Phone (Day)

Mobile

Email

Please see over...



