



CHANGE IN PERSONAL DETAILS MEMBER

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 ● NOT like ⊗ ⊙

→ This form is to advise us of your change in personal details. Section 2 contact details can be updated on our website: www.walgsp.com.au

Section 1 Your personal details

Previous Details These are your details that are currently registered on our system. Note: * If you have had a change of name, please use your old surname and details in this section.

Client Number	<input type="text"/>	Mr <input type="radio"/>	Mrs <input type="radio"/>	Ms <input type="radio"/>	Miss <input type="radio"/>
Surname *	<input type="text"/>				
Given name(s)	<input type="text"/>				
Date of birth (dd/mm/yyyy)	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>

Previous residential address must be provided:

Residential Address	<input type="text"/>																
Residential Address	<input type="text"/>																
Suburb	<input type="text"/>										State	<input type="text"/>		Postcode	<input type="text"/>		

Previous postal address if different from above:

Postal Address	<input type="text"/>																
Postal Address	<input type="text"/>																
Suburb	<input type="text"/>										State	<input type="text"/>		Postcode	<input type="text"/>		

Previous contact details:

Home Phone incl. area code e.g. 08123456789	<input type="text"/>										Phone (Day)	<input type="text"/>				
Mobile	<input type="text"/>															
Email	<input type="text"/>															
	<input type="text"/>															

If you wish to update your salary details for insurance purposes please complete a *Insurance Application or Variation form* available on our website (www.walgsp.com.au) or by contacting the Fund.

Please see over...



