REI Super
The Property Industry Fund

An Industry SuperFund

REI Super
Change of Membership Details

Please complete the step applicable to your change in details and forward to the Fund Administrator, REI Super, GPO Box 4303, Melbourne, VIC 3001.

If you need help

For assistance call the Helpline on 1300 13 44 33.

Step 1 – Complete your personal details

Please print in black or blue pen, in uppercase, one character per box.

Membership number

Title Mr ◯ Mrs ◯ Ms ◯ Miss ◯ Other ☐☐☐ Date of birth ☐☐ / ☐☐ / ☐☐☐☐

Given names

Surname

New Home address

Suburb State Postcode

New Daytime Telephone

-

New E-mail

Continued over

Step 2 – Advise details of new name

Name (Include certified copies of proof of name change)

◯ Insert new surname

◯ Insert new given names if (changed)

Select new Title (if changed)

Mr ◯ Mrs ◯ Ms ◯ Miss ◯ Other ☐☐☐

This form is available on the Fund's website **www.reisuper.com.au**

Issued by REI Superannuation Pty Limited ABN 68 056 044 770 ASFL No. 240569 RSE License No. L0000314 as Trustee of REI Super ABN 76 641 658 449 Registration No. R1000412.

Step 3 – Change of Nominated Dependants

Please change my Nomination of Dependants. If I die while a member of the Fund I ask for my benefit to be paid to the dependent(s) listed below. If I sign this form without nominating a beneficiary, this indicated that I wish my benefit to be paid to my estate.

Name

Relationship to you* Proportion of payout %

Name

Relationship to you* Proportion of payout %

Name

Relationship to you* Proportion of payout %

Name

Relationship to you* Proportion of payout %

Name

Relationship to you* Proportion of payout %

Total 1 0 0 %

Step 4 – Work Declaration

I am employed as follows: Please tick(√) one box only:

- ☐ Full-time (more than 15 hours per week)
- ☐ Part-time (less than 15 hours per week)
- ☐ I do not have an on-going contract of employment. I am engaged as required/as temporary staff/Casual.

Step 5 – Leave without Pay (Including Maternity Leave)

This section should only be completed if you are on leave without pay for more than 12 months. This form should also be completed again when you return from leave.

Type of Leave ☐ Leave Without Pay OR ☐ Maternity Leave

☐ I will commence leave on _____ ☐ Do not continue Insurance Cover

☐ I will return from leave on _____ ☐ I wish insurance cover to continue

Your Privacy

The Fund is administered by us along with our service provider, Mercer Outsourcing Australia Pty Ltd (Mercer). We collect, use and disclose personal information about you in order to manage your superannuation benefits and give you information about your super. We may also use it to supply you with information about the other products and services offered by us and our related companies. If you do not wish to receive marketing material, please contact us on 1300 13 44 33.

Our Privacy Policies are available to view at reisuper.com.au or you can obtain a copy by contacting us on 1300 13 44 33.

If you do not provide the personal information requested, we may not be able to manage your superannuation.

We may sometimes collect information about you from third parties such as your employer, a previous super fund, your financial adviser, our related entities and publicly available sources.

We may disclose your information to various organisations in order to manage your super, including your employer, our professional advisers, insurers, our related companies which provide services or products relevant to the provision of your super, any relevant government authority that requires your personal information to be disclosed, and our other service providers used to assist with managing your super.

In managing your super your personal information will be disclosed to service providers in another country, most likely to Mercer's processing centre in India. Our Privacy Policies list all other relevant offshore locations.

Our Privacy Policies set out in more detail how we deal with your personal information and who you can talk to if you wish to access and seek correction of the information we hold about you. It also provides detail about how you may lodge a complaint about the way we have dealt with your information and how that complaint will be handled.

If you have any other queries in relation to privacy issues, you may contact us on 1300 13 44 33 or write to our Privacy Officer, GPO Box 4303, Melbourne VIC 3001.

Step 6 – Member Signature

Without accurate, complete and up-to-date information, the Fund may not be able to provide your correct superannuation benefits and choices.

I understand and consent to my information being collected, disclosed and used in the manner set out in this form.

Signature ✗ _____

Date ☐☐ / ☐☐ / ☐☐☐☐