

Please complete these instructions in **BLACK INK** using **CAPITAL LETTERS** (except for your email address) and ✓ boxes where provided.

[illegible]

If you do not supply your TFN, we require that you provide certified proof of identity. Please refer to the 'Completing Proof of Identity' document at [www.mapsuper.com.au](http://www.mapsuper.com.au) for more information.

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# Change of Details

## 3 Change of residential address & other details

**Note:** you cannot update your address to an overseas address using this form. Please complete the 'Overseas Investor Form' available under 'AML forms' on our website.

For a fast and convenient way to change your residential address simply log into Member Online Access (<https://mapsuper.portfolioonline.com.au/public/login>) and enter your user ID and password. If you have not registered, please click on the 'not registered?' link and follow the instructions to gain access.

Alternatively, please contact the MAP Client Services Team on 1800 009 921. Please note that you will need to satisfy an identification check of the mandatory fields in Step 1 to change your details.

If you are unable to change your residential address using the above methods please complete the details below.

Unit No	<input type="text"/>	Street No	<input type="text"/>
Street name	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
Phone (home)	<input type="text"/>	Phone (work)	<input type="text"/>
Mobile	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address	<input type="text"/>		

## 4 Change of postal address

Is your postal address the same as your residential address? Yes ☐ No ☐

For a fast and convenient way to change your postal address simply log into Member Online Access (<https://mapsuper.portfolioonline.com.au/public/login>) and enter your user ID and password. If you have not registered, please click on the 'not registered?' link and follow the instructions to gain access.

Alternatively, please contact the MAP Client Services Team on 1800 009 921. Please note that you will need to satisfy an identification check of the mandatory fields in Step 1 to change your details. Please note that you cannot update to a PO Box or C/- address via this method.

If you are unable to change your postal address using the above methods please complete the details below.

Unit No	<input type="text"/>	Street No	<input type="text"/>
Street name/PO Box	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>

**Note:** Please ensure you have provided us with your residential address as it is a requirement under *Anti-Money Laundering Counter-Terrorism Financing Act 2006* (AML/CTF Act) and Legislation that we obtain a current residential address from you.

## 5 Change of direct debit details

If you wish to alter your direct debit instructions please complete a new Direct Debit Request – Personal Division which is available from our website or contact the MAP Client Services Team for further assistance.



# Change of Details

## 8 Member declaration

**Important note:** The Trustee collects the information in this form for the purpose of updating the information it holds about you. The information provided in this form will be used in accordance with the Privacy Policy at [www.ioof.com.au/privacy](http://www.ioof.com.au/privacy). If you do not provide all of the requested information, we may not be able to action your request.

- I consent to the collection and use of the above information by the Trustee for the purposes specified.
- I authorise the above changes to be made to my member details.
- I authorise provision of information regarding my membership.

Signature of member/Power  
of Attorney or Guardian

Date   /   /

Previous signature  
(where name has changed)

Date   /   /

**Notes:**

If this form is signed under Power of Attorney, the Attorney declares that they have not received notice of revocation of that power (a certified copy of the Power of Attorney should be submitted with this form unless we have already received it).

Under superannuation law, we are authorised to ask you for your tax file number (TFN), which will only be used for lawful purposes. It is not an offense not to provide your TFN, but if you do not, we will not be able to accept all types of contributions to your account, or you may pay more tax on your super.

We only use your TFN for certain lawful purposes such as:

- providing it to the ATO for the purpose of calculating any excess contributions tax
- providing it to another super provider if your account balance is transferred (unless you ask us not to)
- locating your super benefits in our records
- helping you re-connect with super accounts through initiatives such as the ATO's SuperMatch initiative whereby organisations can match individuals with their lost super
- calculating tax on benefit payments you may be entitled to.

These purposes may change in future.

Please forward all correspondence and enquiries to:

**Post** Medical & Associated Professions Superannuation Fund, GPO Box 264, Melbourne VIC 3001  
**Email** [employersuper@ioof.com.au](mailto:employersuper@ioof.com.au)  
**Telephone** 1800 009 921  
**Fax** (03) 6215 5933  
**Web** [www.mapsuper.com.au](http://www.mapsuper.com.au)