

# Change of Details Form

## OneAnswer Personal Super and Pension

31 May 2024

### OnePath Custodians Pty Limited (OnePath Custodians)

ABN 12 008 508 496 AFSL 238346 RSE L0000673

### Retirement Portfolio Service (Fund)

ABN 61 808 189 263 RSE R1000986

GPO Box 5306, Sydney NSW 2001

### Customer Services

**Phone** 133 665

**Email** [client@onepathsuperinvest.com.au](mailto:client@onepathsuperinvest.com.au)

**Website** [onepathsuperinvest.com.au](http://onepathsuperinvest.com.au)



Did you know that it's faster and more secure completing this request online? Visit [onepathsuperinvest.com.au](http://onepathsuperinvest.com.au) to see all of the online transactions available.

This form is to be used to change account details by existing members in the following products:

- OneAnswer Frontier Personal Super
- OneAnswer Frontier Pension
- OneAnswer Term Allocated Pension

### Instructions

If you hold both a Personal Super and Pension account, one form will need to be completed for each account that you are making changes to.

- For any changes relating to pension payments, please use the Pension Payment Update Form.
- Please complete the form and send it to: OneAnswer, OnePath, GPO Box 5306, Sydney NSW 2001 or email\* to [client@onepathsuperinvest.com.au](mailto:client@onepathsuperinvest.com.au)

\* Note 1: emails can only be accepted from the email address currently held on our records

Note 2: certified copies of documents cannot be accepted via email

## 1. Member details

**The member number, name and date of birth must be completed to make any changes.**

Member number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Title	Mr <input type="text"/> Mrs <input type="text"/> Ms <input type="text"/> Miss <input type="text"/> Dr <input type="text"/> Other <input type="text"/>
Surname	<input type="text"/>
Given name(s) (including middle name)	<input type="text"/>
Date of birth*	<input type="text"/> / <input type="text"/> / <input type="text"/>

\* If you are updating your date of birth you will need to enclose an original certified copy of your identification.

Please select and complete the sections where you want to make a change, then sign Section 8 to authorise these changes.

- ☐ Change your name – Complete Section 2 and 3
- ☐ Confirm or update contact details – Complete Section 3
- ☐ Change of nominated financial institution account – Complete Section 4
- ☐ Auto-rebalance/Regular Investment Plan/Dollar Cost Averaging Plan – Complete Section 5
- ☐ Insurance premium deduction – Complete Section 6
- ☐ Account Linking (OneAnswer Frontier only) – Complete Section 7

## 2. Change of name

Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	Miss <input type="checkbox"/>	Dr <input type="checkbox"/>	Other <input type="text"/>
Surname	<input type="text"/>					
Given name(s) (including middle name)	<input type="text"/>					

Please attach evidence of your change of name, for example an original certified copy of your marriage certificate or deed poll, and these must be issued by the Registry of Births, Deaths and Marriages.

If you are changing your signature as a result of changing your name, please supply both your current signature and new signatures and attach a certified copy of an identification document, such as a driver's licence, showing the new signature.

**Current signature** (sign clearly within box)

**New signature** (sign clearly within box)

Please complete section 3 and 8 to complete and authorise your request.

## 3. Confirm or update contact details

Residential address (this cannot be a PO Box)	<input type="text"/>		
Suburb/Town	<input type="text"/>	State <input type="text"/>	Postcode <input type="text"/>
Country*	<input type="text"/>		
* If you are updating your country of residence we may request an original certified copy of your identification.			
Postal Address (if different from above)	<input type="text"/>		
Suburb/Town	<input type="text"/>	State <input type="text"/>	Postcode <input type="text"/>
Country	<input type="text"/>		
Phone	Home <input type="text"/>	Business <input type="text"/>	
	Mobile <input type="text"/>		
Preferred Email	<input type="text"/>		

## 4. Change of nominated financial institution account

The following financial institution account will be debited for the Regular Investment Plan:

Name of financial institution	<input type="text"/>		
Branch where account is held	<input type="text"/>		
Account holder name(s)	<input type="text"/>		
BSB number	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	Account number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**Direct Debit Request** (must be signed by bank account holder(s))

I/We request and advise OnePath Custodians Pty Limited (user ID number: 219412) to debit my/our nominated account in terms of the payment arrangement made between us.

I/We acknowledge that this direct debit arrangement is governed by the terms of the Direct Debit Request Service Agreement contained in the OneAnswer Frontier Personal Super and Pension Additional Information Guide and I/we agree to be bound by, consent to and acknowledge such terms.

I/We understand that where a Regular Investment Plan payment is dishonoured, a fee of \$11.76 is charged and that a processing fee may also be charged by my/our financial institution each time a regular investment is made.

**All bank account signatories must sign below.**

<b>Signature of account holder A</b> (sign clearly within the box)	<input type="text"/>
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Date (dd/mm/yyyy)	<input type="text"/>
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<b>Signature of account holder B</b> (sign clearly within the box)	<input type="text"/>
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Date (dd/mm/yyyy)	<input type="text"/>
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**Note:** If the nominated account above is transferred, closed or the account details have changed, please advise us 14 days before the next direct debit date.

5. Auto-rebalance/Regular Investment Plan/Dollar Cost Averaging Plan

Please update my account as follows:

- ☐ I wish to cancel my Regular Investment Plan (Personal Super members only).
- ☐ I wish to cancel my auto-rebalance facility.
- ☐ I wish to cancel my Dollar Cost Averaging Plan.

I want a Dollar Cost Averaging (DCA) switch to occur (select one):

- ☐ Monthly
- ☐ Quarterly

Start date of DCA (dd/mm/yyyy):

22 / /

End date (optional) (dd/mm/yyyy):

22 / /

Fund name	Switch out (\$ amount per switch)	Switch in (\$ amount per switch) or (% per switch)
Switch from	\$	
Switch to		\$ or %
		\$ or %
		\$ or %
		\$ or %
		\$ or %
		100%

6. Insurance premium deduction

Please deduct my insurance premiums from:

- ☐ all my investment funds\*
- or
- ☐ the following investment fund (except ANZ Term Deposits)

(insert investment fund name).

\* The insurance premiums will be deducted proportionately across all investment funds, (except ANZ Term Deposits and MoneyForLife funds.)

7. Account Linking (OneAnswer Frontier only)

If you are eligible to request a waiver of the Member Fee because the total value of your OneAnswer Frontier accounts that you wish to link is greater than \$50,000 then please list the eligible account numbers\* below.

\* Conditions apply as to which accounts can be linked, the calculation of their total value, and when this linking can be nominated. Please refer to the OneAnswer Frontier Personal Super and Pension Fees Guide for more information.

8. Important information and signature

Read the PDS and additional information

Before submitting this form, you should read the OneAnswer Frontier Personal Super and Pension PDS. You should contact us or speak to your adviser if you do not understand something.

Privacy

Your personal information will be handled in accordance with the Trustee’s privacy policy, which is available at [onpathsuperinvest.com.au/about-us/privacy-policy](http://onpathsuperinvest.com.au/about-us/privacy-policy). The privacy policy also contains information about how you may access or correct your personal information held by the Trustee and how you may make a privacy-related complaint.

If you have provided information about another person in this form (for example a beneficiary or life insured), you should obtain the permission of that person to do so, inform the person concerned that you have done so and direct them to the Privacy Policy so that they may understand the manner in which their information may be used and disclosed by OnePath Custodians.

By signing and submitting this form, you acknowledge that the OnePath Custodians may collect, use and disclose the information provided by you for the purposes specified in our Privacy Policy.

Marketing

OnePath Custodians and its related group companies may use your personal information to send you information about their products and services from time to time. OnePath Custodians may disclose your personal information to organisations who are in alliance with OnePath Custodians to enable those alliance partners to send you information about their products and services. You can change your marketing preferences by telephoning the Trustee on 133 665.

Investment risk

It is important that you understand that OnePath Custodians or its related group companies do not guarantee the repayment of capital, the performance of, or any rate of return of your investment in OneAnswer Frontier Personal Super and Pension.

Your investment is subject to investment risk, including possible repayment delays and loss of income and principal invested.

Debit arrangements

If you are using a direct debit facility, you understand that the unit price of transactions will be determined on the day funds are received in our bank account.

Information you must provide to us

OnePath Custodians will rely on information you give us to process your request. By signing and submitting this form, you represent that the information you have provided is true and correct. If any information you have provided changes, you should inform us as soon as possible.

Signature of member  
(sign clearly within box)

X

Date (dd/mm/yyyy)

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