



CHANGE OF CONTACT DETAILS

Please send the completed form and any supporting documents to:

State Super
PO Box 1229
Wollongong NSW 2500

Alternatively, you may update your details online at **www.statesuper.nsw.gov.au** via the Pension Member's Area, or by contacting Customer Service.

ABN 29 239 066 746
SPIN SAS0101AU

Section 1 – New contact details

Member number

**This information must be provided.*

*Given name(s)

*Surname

*Residential address

*Suburb

*State/Territory

*Postcode

Postal address (if different from above)

Suburb

State/Territory

Postcode

*Daytime contact telephone number

Mobile number

Email address

Section 2 – Certification

Certification by pensioner

I confirm that the information on this form is true and complete.

Signature

Date

OR

Certification by Power of Attorney

I confirm that the information on this form is true and complete and that the pensioner is alive at the date this form is completed, and that the *Power of Attorney* has not lapsed or been revoked.

Signature

Date

If you are completing this form under a *Power of Attorney* and you have not previously given State Super a certified copy of this document, you will need to provide a certified copy of the *Power of Attorney*. Each page must be individually certified.

If you need help with this form

Contact Customer Service between 8:30 am and 5:30 pm AEST from Mon–Fri on **1300 652 113** or email **enquiries@stc.nsw.gov.au**