

# Form 5

## Change of Member Details

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# Form 5

### The Trustee

will only accept this form if it is correctly and fully completed.

Any questions, call  
Member Services 1300 131 227

### Please note

In the event of a change of name, you will be required to provide proof [eg certified copy of marriage certificate and/or deed poll].

### 1. Member details

Member number/s

Date of birth  
[dd/mm/yy]

Full name

### 2. Member's new details

Title

Mr

Mrs

Ms

Miss

Other

Name [first name, middle, surname]

Residential address

[Your residential address cannot be a Post Office Box]

Unit number

Street number

Street name

Suburb

State

Postcode

Postal address

[If different to your residential address. Your postal address cannot be your Financial Adviser's address]

Post Office Box number

Suburb

State

Postcode

Email address 1

Email address 2

Mobile number

Home number

Work number

### 3. Declaration

I declare that the information I have given above is true and correct and agree to notify the Trustee if any of these details change in the future.

Member's signature

Date [dd/mm/yy]

### When complete

email and post this form:

info@aesf.com.au

AESF  
41A Mount Barker Road  
Hahndorf SA 5245  
Australia

Issued by the Trustee  
Tidswell Financial Services Ltd  
ABN 55 010 810 607  
AFSL 237628  
RSE Licence L0000888