

# Update of member record form

M05

Employer stamp



Please download, complete and email this form back to us when an employee has had a change of employment and should have different super arrangements.

Personal details LGIAsuper respects privacy. All personal information collected is protected in line with LGIAsuper's Privacy policy.

Surname

Given name/s

Account number

Name change (if applicable)

New surname

New given name/s

Transfer to new employer (if applicable)

The above member has transferred as follows:

**Old employer to complete sections 1 and 2.**

**New employer to complete sections 3, 4, 5 and 6.**

1. Old employer

2. Date left

/ /

3. New employer

4. Date started

/ /

5. Benefit class at new employer

☐ Class 1 ☐ Class 3 ☐ Class 4

6. Salary sacrifice

☐ Yes ☐ No

Member's address change (if applicable) Please provide new address for member below.

New residential address

Suburb/town

Postcode

Employer signature

I confirm the details above are correct and if providing a name change, I have sighted a certified copy of identification (e.g. Marriage Certificate, Decree Nisi) that will be made available to LGIAsuper on request.

Authorised signature for employer

Employer

Date

/ /



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**LGIAsuper**  
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