



Change of Circumstances Form

1. Personal Information

Name: _____ Membership Number: _____

2. Name Change (if no name change got to Section 3)

New Name: _____

3. Change of Address (if no name change got to Section 4)

New Address: _____

_____ Postcode: _____

Home Telephone No: _____ Mobile: _____

Previous Address: _____

4. Change of Beneficiary

New Beneficiary

Name: _____ Address: _____

_____ Postcode: _____

Previous Beneficiary Name: _____

5. Signature

Member Signature: _____ Date: _____

Actioned on system: _____ Date: _____