STATE SECTOR RETIREMENT SAVINGS SCHEME

Change of Membership Details

The Member needs to complete all sections of this form. Please print your details clearly.

CURRENT DETAILS

Name: _____

Address: _____

Email address: _____ Telephone: _____

Bank (Name): _____ Branch (Name): _____

Account Holder Name (e.g. James and Mary Smith): _____

Bank account number: ☐☐ ☐☐☐☐ ☐☐☐☐☐☐☐ ☐☐

Bank Branch Account number Suffix

Staff number: _____

IDENTIFICATION

Please complete this for identification purposes.

Plan Membership number: _____ (refer to your member statement) Date of birth: ____/____/_____

NEW DETAILS

Please indicate which details you are changing by ticking the box below. Please attach a copy of evidence if you are changing your name.

☐ Name:_____

☐ Address:_____

Email address:_____ Telephone: _____

Bank (Name): _____ Branch (Name): _____

Account Holder Name (e.g. James and Mary Smith): _____

Bank account number: ☐☐ ☐☐☐☐ ☐☐☐☐☐☐☐ ☐☐

Bank Branch Account number Suffix

☐ Staff number: _____

MEMBER AUTHORISATION

I advise that the above information is correct and that the Trustees are authorised to amend my membership records to reflect these changes.

Member signature: _____ Date: _____/_____/_____

Please send this form and copies of any documents to: AMP SSRSS
P O Box 1290
Wellington

If you have any questions, please phone us on 0800 275 267.

Please Note: This form is not for advising us of a change of employer.