



Change of Account Details

Sequoia Superannuation
ABN: 92 140 669 692

When you complete this form, please:

- Use a black pen.
- Write clearly in block letters.
- Answer all applicable questions
- Ensure it is signed.

1 What is your fund name?

2 What would you like us to update? (Please tick)

Postal Address

Residential Address

Contact Details

Bank Details

Other:

Other:

3 Accounts to be updated:

Macquarie Cash Management

Desktop Broker

Australian Money Market

Other:

Other:

Other:

Other:

CONTACT DETAILS

4 New Postal Address: (if applicable)

5 New Residential Address: (if applicable)

No / Street

Suburb

State / Territory

Postcode

6 New Contact Details: (if applicable)

Phone (W)

Phone (H)

Mobile

Fax

Email

7 New Bank Account Details: (if applicable)

Account Number

BSB

Account Name

8 Additional changes required:

AGREEMENT – By signing this, I agree:

- I declare I have fully read this form and the information completed is true and correct at the time of signing
- I agree that Sequoia Superannuation Pty Ltd may collect, use and store my personal information for the purpose of processing my Application & to provide ongoing services. This complies with the relevant laws as well as in accordance with Sequoia Superannuation Privacy Policy, a copy of which can be provided on my request. Such information may include, but is not limited to; Tax File Numbers (“TFNs”), Bank Account details, Drivers’ Licence and Passport information. I also understand that I can request in writing this personal information that Sequoia Superannuation holds on me.
- And I request Sequoia Superannuation Pty Ltd to facilitate the update of my account details with the selected investment/ insurance and service providers as selected on this form above.

Individual / SMSF Member / Director/ Trustee 4
(if applicable)

Name

Signature

Date

DAY	MONTH	YEAR
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Please return your completed form:

By post to:

Sequoia Superannuation
GPO Box 4350
Sydney, NSW, 2001

Or

Scan and email to:

admin@sequoia.com.au

Individual / SMSF Member / Director/ Trustee 1

Name

Signature

Date

DAY	MONTH	YEAR
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Individual / SMSF Member / Director/ Trustee 2

(if applicable)

Name

Signature

Date

DAY	MONTH	YEAR
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Individual / SMSF Member / Director/ Trustee 3

(if applicable)

Name

Signature

Date

DAY	MONTH	YEAR
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