



**Step 2:**  
Provide the member's new name, address or date of birth (if applicable)

Please complete **only** those sections where member details have changed.

Title  Mr  Mrs  Ms  Miss  Other (please specify)

Surname

Given name/s

Residential address

Postal address (if the same as your residential address, mark 'AS ABOVE')

Postcode

Phone number  (during work hours)

Date of birth

**Step 3:**  
Advise us of a member's leave without pay (if applicable)

- You need to advise VicSuper of members who are taking leave without pay (LWOP) for one year or longer.
- If you do not notify us, the member's insurance cover may be affected.
- If no employer contributions are received during a full financial year, a member's insurance cover would normally cease on 28 July in the following financial year. However, insurance cover for a member on LWOP can continue for up to seven years provided there are sufficient funds in the member's account to pay the insurance premiums.

LWOP begins

LWOP ends

**Step 4:**  
Provide the member's new name, address or date of birth (if applicable)

This certification must be made by the HR Manager, Payroll Manager, School Administrator or by his/her authorised delegate.

Full name

Employer

Address

I hereby certify that the information provided in relation to this member is true and correct and that I have sighted the appropriate evidence where there has been a change to a member's name and/or date of birth (such as an original or certified copy of a deed poll document, marriage or birth certificate, or a driver's licence). I also certify that I am authorised to supply you with this information and acknowledge that this information will be relied on by VicSuper to calculate and pay superannuation benefits to the member.

Signature  Date

Position

Phone number  (during work hours)

**Step 5:**  
Send your form to VicSuper

Send your completed form to:  
**VicSuper, GPO Box 89 Melbourne Vic 3001**