

This form allows you to update the following details:

- Your name
- Your date of birth
- Your address
- Other contact details

Did you know that you can also change address and contact details via Member Online at anytime? If you visit Member Online, there is no need to complete this form.

To change any other information, please contact your Member Services Centre on 13 43 72.

Section 1 Your details

Please provide your GESB member number and the personal details we currently have on file for you.

GESB member number

WIN No. Office Use Only

Mr Mrs Miss Ms Other

Surname (family name)

Given name(s)

Date of birth / / Male Female

Tick this box if your date of birth was recorded incorrectly

Employer (if applicable)

Section 2 Change of name

Complete this section if you wish to inform us of your change of name. Please provide us with a certified¹ copy of the documentation that supports your change of name (e.g. marriage certificate, deed poll).

Before you start

Please make sure you notify your employer of any change in details before you update them with us. If your employer provides us with information that does not match your updated details, processing your request(s) may be delayed.

Mr Mrs Miss Ms Other

Surname (family name)

Given name(s)

Changing your date of birth

If you need to change your date of birth², please refer to the *Proof of identity fact sheet*, available at gesb.wa.gov.au/brochures.

Section 3 Change of address

Please complete this section if you wish to change your address.

Previous residential address

 Postcode

New residential address

 Postcode

Postal address (if different from new residential address)

 Postcode

Date new address effective from / /



¹ See the *Proof of identity fact sheet*, available at gesb.wa.gov.au/brochures.

² Your insurance cover was based on the details provided by your employer, including your date of birth. Updating your date of birth may affect the premiums that you pay.

FOR OFFICE USE ONLY

Section 4 Change of contact details

Please complete this section if you wish to change your contact details.

Telephone – home

Telephone – work

Telephone – mobile

Email address

Section 5 Declaration

I declare that the information supplied on this form is true and correct.

Your signature

Date

Section 6 Post your form to us

Post your form and your original certified proof of identity (if necessary) to:

GESB

PO Box J 755

Perth WA 6842

or fax to: 1800 300 067 (if no proof of identity is needed)

Note: we have a Privacy Statement that explains how we handle private information about individuals responsibly. Our Privacy Statement is available on our website at gesb.wa.gov.au/privacy or can be obtained by contacting your Member Services Centre on 13 43 72.

 **How to contact us**

T Member Services Centre 13 43 72

F 1800 300 067

W gesb.wa.gov.au

PO Box J 755, Perth WA 6842

Government Employees Superannuation Board ABN 43 418 292 917