

Change my details



Super SA



Super SA - For all schemes

Please complete all the details on this form in **BLOCK LETTERS** using a **BLACK PEN** and return to Super SA via post or email.

To find out more visit supersa.sa.gov.au or call **1300 369 315**

Client ID or Super ID:

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1. Existing Personal Details

Title	Given Name(s)	Date of birth																																					
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If you are changing your name, please sign in the box below using your previous signature.																																							
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*By providing your email address and/or telephone number(s) you are agreeing to receive, from Super SA, or an organisation on behalf of Super SA, marketing communications including newsletters, announcements, invitations or surveys. You may opt out of these marketing communications at any time by updating your communication preferences in our online member portal or by contacting Super SA. If you opt out of marketing communications, you will still receive important account information from us.

2. Which schemes are you a member?

<input type="checkbox"/> Triple S	<input type="checkbox"/> Flexible Rollover Product	<input type="checkbox"/> Lump Sum
<input type="checkbox"/> Pension Scheme	<input type="checkbox"/> Income Stream	<input type="checkbox"/> Superannuant
<input type="checkbox"/> Super SA Select	<input type="checkbox"/> SA Ambulance Service	<input type="checkbox"/> Other

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IMPORTANT: You are able to change your contact details over the phone. Please call our local member services team on 1300 369 315.

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Please complete all the details on this form in **BLOCK LETTERS** using a **BLACK PEN** and return to Super SA via post or email.

3. Please update my details:

If you are changing your name, or your correcting your date of birth, you must provide evidence (certified evidence listed below).

Name

Attach my certified proof of identity to this form
(e.g. marriage certificate, decree nisi or change of name certificate from the Births, Deaths and Marriages Registration Office).

Date of Birth

Attach certified proof of identity to this form.
(e.g. birth certificate or passport).

Address and/or email address

4. Confirm your updated personal details

Title	Given Name(s)	Date of birth	
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Family Name			
<input type="text"/>			
Email address			
<input type="text"/>			
Mobile phone	Work phone	Home phone	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Street address			
<input type="text"/>			
Suburb		State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Postal address (if different from above)			
<input type="text"/>			
Suburb		State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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5. Member declaration

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

Signature Date / /

ⓘ A 'certified copy' is a copy of an original document that has been signed and certified by an authorised person. The authorised person must see the original document and certify that the copy is a 'certified true copy of the original document'. All pages of the document need to be certified as a true copy of the original by writing 'certified true copy' on each page. For more information on who can certify documents please refer to the Proof of Identity (POI) information sheet.

Contact us

@ Email supersa@sa.gov.au

📮 Post GPO Box 48, Adelaide SA 5001

🌐 Website supersa.sa.gov.au

📞 Phone 1300 369 315

📍 Member Centre, Karna Country
Ground floor, 151 Pirie St Adelaide SA 5000
(Enter from Pulteney Street).