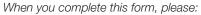
Change of Account Details

	Please Apply the New Bank Details and/or Contact
	tails Above to the Following Accounts Macquarie Cash Management
2. What Would You Like Us to Update? (Please Tick)	Account Number
Bank Details	Share/Option Trading Account
Contact Details	Broker Name
	Account Name
BANK DETAILS	1
3. New Bank Account Details	Australian Money Market
Bank Details (new)	Account Number
Institution Name	Insurance
Account Name	Insured Person 1
BSB	Insurance Provider
Account Number	Policy Number
	Insured Person 2
CONTACT DETAILS	Insurance Provider
4. New Postal Address (if applicable)	Policy Number
C/- Sequoia Superannuation Pty Ltd GPO Box 4350, Sydney NSW 2001	Other Investment Accounts
	Investment Provider
5. New Residential Address (if applicable)	Account Number
No/Street	Other
Suburb	
State/Territory	Other
Postcode	Other
6. New Contact Details (if applicable)	Other
Work	Other
Home	Other
Fax 8. 4	Additional Changes Required
Mobile	
Primary Email statements@sequoia.com.au	
Other Email	



- Write clearly in block letters;
- Answer all applicable questions;
- Ensure it is signed.



Change of Account Details

9. 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 and 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 Pty Ltd holds on me.
- 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 1

Name			
Signature	×		
Date	DAY	MONTH	YEAR

Individual/SMSF Member/Director/Trustee 2 (if applicable)

Name			
Signature	×		
Date	DAY	MONTH	YEAR

Individual/SMSF Member/Director/Trustee 3 (if applicable)

Name			
Signature	×		
Date	DAY	MONTH	YEAR

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

Name			
Signature	×		
Date	DAY	MONTH	YEAR

Please return your completed form:

By post to:	Sequoia Superannuation Pty Ltd GPO Box 4350 SYDNEY NSW 2001
OR	
Scan and email to:	admin@sequoia.com.au



Sequoia Superannuation Sydney | Melbourne | Brisbane

Web: www.sequoia.com.au Ph: 02 8114 2290 Email: admin@sequoia.com.au 0613