

## Change of Account Details

### 1. What is Your Account Name?

### 2. What Would You Like Us to Update? (Please Tick)

- Bank Details
- Contact Details

### BANK DETAILS

#### 3. New Bank Account Details

Bank Details (new)

### CONTACT DETAILS

#### 4. New Postal Address (if applicable)

C/- Sequoia Superannuation Pty Ltd  
GPO Box 4350, Sydney NSW 2001

#### 5. New Residential Address (if applicable)

No/Street

Suburb

State/Territory

Postcode

#### 6. New Contact Details (if applicable)

Work

Home

Fax

Mobile

Primary Email

Other Email

### 7. Please Apply the New Bank Details and/or Contact Details Above to the Following Accounts

Macquarie Cash Management

Share/Option Trading Account

Australian Money Market

Insurance

Other Investment Accounts

Other

Other

Other

Other

Other

Other

### 8. Additional Changes Required

  
  
  

When you complete this form, please:

- 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      | <input type="text"/>  |
| Signature | <input type="text" value="X"/>  |
| Date      | <input type="text" value="DAY"/> <input type="text" value="MONTH"/> <input type="text" value="YEAR"/> |

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

|           |   |
|-----------|---|
| Name      | <input type="text"/>  |
| Signature | <input type="text" value="X"/>  |
| Date      | <input type="text" value="DAY"/> <input type="text" value="MONTH"/> <input type="text" value="YEAR"/> |

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

|           |   |
|-----------|---|
| Name      | <input type="text"/>  |
| Signature | <input type="text" value="X"/>  |
| Date      | <input type="text" value="DAY"/> <input type="text" value="MONTH"/> <input type="text" value="YEAR"/> |

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

|           |   |
|-----------|---|
| Name      | <input type="text"/>  |
| Signature | <input type="text" value="X"/>  |
| Date      | <input type="text" value="DAY"/> <input type="text" value="MONTH"/> <input type="text" value="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](mailto:admin@sequoia.com.au)