



State Sector Retirement Savings Scheme
CHANGES TO PERSONAL DETAILS

Please complete and return to your Employer.

Employer Plan ID SZ13T00017

Member Name

Employee Number Member ID

CHANGES TO PERSONAL DETAILS

Change of Name: Please provide proof of name change to your Employer.

Old Name

New Name

Change of Contact Details:

Full Postal Address

Postcode Country

Home phone Business phone Mobile phone

Email address

MEMBER TO READ AND SIGN

I declare that the change to my personal details as provided is true and correct and acknowledge responsibility for its completeness and accuracy whether the information was written by me or another person. Personal information collected in this document will allow the manager to provide services to the Member in respect of the Scheme. Under the Privacy Act 1993, you have the right of access to, and to request correction of, any personal information, which will be held by AXA at 80 The Terrace, Wellington.

Signature of Member Date / /

EMPLOYER TO COMPLETE IF CHANGE OF NAME

The Employer confirms that evidence has been sighted by the Employer supporting the above stated change to the Member's name.

Signature of Authorised Officer Date / /

NB: If you are a School Employer, please forward the completed form to SSRSS Project, Ministry of Education, PO Box 1317, Wellington.

MINISTRY OF EDUCATION

I confirm the change in contributions indicated on this form has been processed by the Ministry of Education payroll department.

Signed Date / /

Name Position

Upon completion of this form, the Authorised Officer or the Ministry of Education will send this form to
AXA New Zealand, Freepost AXA, PO Box 1692, Wellington.