



Use this form to change your name or other personal details.

- Use **form 3** Change contributions to change your membership category, join the locked section or change your contribution rate.
- Use **form 4** *Stop or restart contributions* to stop or restart contributions to your locked account.
- Use **form 6** Change of employer if you are transferring to another university, company or organisation that participates in UniSaver.

Personal	and	l contact d	etail	5

Per	SUHAH AH	iu cont	act dei	.aliS							
Mr	Mrs	Miss	Ms	Dr	Assoc Prof	Prof					
Surn	ame					Give	en names				
Membership number								Date of birth (DD/MM/YYYY)			
Emai	I					<u>.</u>		IRD number*			
Work	k phone				Home phone	<u>,</u>		Mobile			
	ocked me you haver					to hold IRD	numbers for lo	cked members. Not	te your IRD number	here	
Cor	nplete t	he rele	vant se	ection(	s)						
1. Ch	ange nan	ne									
Муо	ld name w	vas									
My n	ew name	is									
Incl	ude evide	nce of cha	ange, e.g.	passpo	rt or marriage o	certificate.					
2. Co	rrect dat	e of birth	1								
Date	of birth D	D/MM/YYY\	<i>(</i>								
Incl	ude evide	nce of da	te of birtl	n certifie	d by a Justice o	of the Peace.					
3. Ch	ange of c	ontact d	etails – y	ou can a	also change you	ur contact de	etails online by	signing in to your a	ccount at unisaver.c	o.nz	
Addr	ess							Postcode			
Emai	l				<u>.</u>						
Work	c phone				Home phone	<u> </u>		Mobile			
If yo	ou are pro	viding a h	nome ado	lress (re	tained member	rs), include e	vidence such a	s a utility bill.			
4. Ot	her chan	<b>ge</b> – indic	ate as ne	cessary							
My s	ignature b	elow auth	norises th	ne chang	es shown in thi	is form.					
Signed MEMBER							Date DD/MM/YYYY				

If you have any queries about completing this form, please call 0800 864 724 or email unisaver@mercer.com.

UniSaver New Zealand c/o Mercer (N.Z.) Limited

Alternatively, post the form to:

Email this form to unisaver@mercer.com

PO Box 1849 Wellington 6140