

GOVERNMENT SUPERANNUATION FUND CHANGE IN PERSONAL DETAILS

This form should be used to notify Datacom, GSF Schemes Administration of any changes to your Name, Address, Phone Number or Bank Account details. **You must sign the form in all cases** (see Section 6 overleaf).

SECTION 1

To be completed in all cases

Full Name _____ Mr / Mrs / Ms / Miss / Other _____

(This is the name currently held by Datacom, GSF Schemes Administration)

(please circle one or insert other)

GSF Number (if known) _____ Date of Birth ____ / ____ / ____

New/Current Postal Address _____

Postcode _____

New/Current Home Phone () _____ Mobile Phone () _____

Old Postal Address* _____

Postcode* _____ Old Home Phone* () _____

**only required if advising a change of address*

I am a member of the Government Superannuitants Association (GSA) and authorise GSF to forward my change of address details to the GSA. *(tick if relevant)*

SECTION 2

To be completed only for changes in name

New Surname _____ New Given Name _____

(When notifying us of a name change you must attach the appropriate legal documentation, such as a Marriage Certificate or Deed Poll)

SECTION 3

To be completed only for changes in bank account details

New Bank _____ Branch _____

Name of Account Holder* _____

Bank account _____ - _____ - _____ - _____

In addition, for international bank accounts:

IBAN _____ - _____ - _____ - _____ - _____ - _____

Swift code [BIC] (if known) _____

Bank Address _____

**The bank account must include the member as an account holder*

NOTE: Please provide proof of your bank account details, such as a copy of your bank statement or deposit slip. This is required for accuracy and added security.

SECTION 4 *Email details*

To be completed if you wish to receive correspondence by email, wish to change a previously provided email address or no longer wish to receive correspondence by email. **NOTE: By providing your email address you are authorizing GSF to send correspondence which may include some personal information to you by email.** This may include details of your entitlements and the data used to calculate those entitlements, annual Future Entitlement Statements or Cost of Living Adjustment notices and any other information required to administer the schemes.

I confirm I wish to receive correspondence by email and acknowledge it may include personal information.

Email Address _____

I no longer wish to receive correspondence by email.

SECTION 5 *Alternative contact details*

To be completed if alternative contact details have not already been provided, or for a change in alternative contact details. This information will only be used if Datacom, GSF Schemes Administration, lose contact with you for any reason. Your alternative contact should be someone who **does not live at the same address as you.**

Full Name _____ Mr / Mrs / Ms / Miss / Other _____
(please circle one or insert other)

Relationship to you *(if any)* _____ Contact Phone Number () _____

Email Address *(see below)* _____

Postal Address _____
_____ Postcode _____

SECTION 6

To be completed in all cases

Member or Authorised Person signature _____ Date ____ / ____ / ____

The completed form must be signed by the member, or authorised person, and forwarded, along with any supporting documentation by post to: Datacom, GSF Schemes Administration, PO Box 3614, Wellington 6140.

OR

A scanned copy of the signed form, along with any supporting documents may be emailed to: gsf@datacom.co.nz

Note: electronic signatures are not accepted.

Privacy Act Statement

The personal information you supply by completing this form is being collected by Datacom Connect Limited (**Datacom**), as administrator of the schemes on behalf of the Government Superannuation Fund Authority (the **Authority**). The schemes are governed by the Government Superannuation Fund Act 1956 (the **Act**). The information collected in this form will be held by Datacom and will be stored electronically within New Zealand. It will be used to process any election under this form and/or update your member record. It may also be used to contact you in the future.

The information may be exchanged between the Authority and Datacom. It may be disclosed to third parties such as Annuitas Management Limited (provider of executive office/secretariat service to the Authority) or agents of the Authority or Datacom, in accordance with the Privacy Act 2020, for the purpose of the ongoing management and administration of GSF and the schemes and to enable the Authority to fulfil its statutory or legal obligations, such as for tax reporting or anti-money laundering requirements. If you do not provide the information requested, we may not be able to process any election and/or update your member record, as set out in this form. If we are required to disclose your information to any person or entity outside of New Zealand, we will either ensure that the recipient is required to protect your personal information in a way that provides comparable safeguards to those in the Privacy Act 2020, or we will contact you to obtain your authorisation to the disclosure.

By providing your **email address** you consent to Datacom and/or the Authority contacting you by email regarding your entitlements under the schemes governed by the Act and other information about services, as appropriate. If you no longer wish to receive correspondence by email you should complete a Change in Personal Details form or advise Datacom.

You are entitled to access and request correction of the personal information collected in this form in accordance with the Privacy Act 2020. For more detailed information about the Privacy Act you can refer to the website of the Office of the Privacy Commissioner at www.privacy.org.nz. The Authority's Privacy Policy can be viewed at www.gsfa.govt.nz.

Government Superannuation Fund Authority
PO Box 3390, Wellington 6140

Datacom Connect Limited
PO Box 3614, Wellington 6140