

Send your completed form, along with certified copies of any supporting documents requested to:

PO Box H151, Australia Square, NSW 1215
service@australianmilitarybank.com.au
drop into branch

Please Note: If you have any joint accounts, each account holder will need to complete a separate form.

YOUR CURRENT PERSONAL DETAILS (AS RECORDED BY US)

Title	Given Name	Surname	Member Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential Address		Postal Address (if different from residential address)	
<input type="text"/>		<input type="text"/>	
	State	Postcode	State Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Phone	Work Phone	Mobile	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Email Address	Driver's Licence Number		
<input type="text"/>	<input type="text"/>		
Payroll ID/Service Number	Date of Birth		
<input type="text"/>	<input type="text"/>		

CHANGE OF NAME DETAILS (IF APPLICABLE)

Only complete this section if your name has changed. We require supporting documentation to action your request.

New name

Title (Dr/Mr/Mrs/Ms/Miss)	Given name(s)
<input type="text"/>	<input type="text"/>
Surname	
<input type="text"/>	

Please enclose one of the following proof of change of name documents (please tick appropriate box(es)):

- A certified copy of your marriage certificate
- A certified copy of your change of name certificate
- A certified copy of your marriage certificate and Decree Nisi (Divorce Papers)

AND one of the following primary identification documents issued in your new name:

- A certified copy of your driver's licence issued under State or Territory law
- A certified copy of your passport

For name changes, a certified copy of the original documents will need to be provided. A person who is authorised to certify documents must sight the original and the copy and make sure both documents are identical, then make sure all pages have been certified as true copies by writing or stamping 'certified true copy' followed by their signature, printed name, qualification (eg Justice of the Peace, Police Officer, etc) and date.

CHANGE OF ADDRESS AND CONTACT DETAILS (IF APPLICABLE)

New Residential Address

<input type="text"/>	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

New Postal Address (if different from residential address)

<input type="text"/>	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

New phone number(s)

Home Phone

Work Phone

Mobile

Preferred Email Address

If you have previously registered to receive communications electronically, by providing your new preferred email address you agree we will now send these communications to this updated email address.

DETAILS TO BE UPDATED WITH

- Please update these details on all my memberships
- Please update my insurance policy taken out through Australian Military Bank

Signature

Print Name

Date / /

OFFICE USE ONLY

- Insurance policy records updated Contact details updated Interaction added Documents saved in Demi

Staff Name and Operator Number

Supervisor Signature

Date / /