# Change of Details Form

## CURRENT DETAILS:

**CBUS MEMBERSHIP NUMBER**

**DATE OF BIRTH** (DD/MM/YYYY)

**FAMILY NAME (SURNAME)**

**TITLE** (MR/MRS/MS/DR)

**GIVEN NAMES**

**RESIDENTIAL ADDRESS** (UNIT/HOUSE NUMBER & STREET)

**SUBURB**

**STATE**

**POSTCODE**

**TELEPHONE NUMBER** ☐ Home ☐ Work

Mobile

## NEW DETAILS:

**RESIDENTIAL ADDRESS** (UNIT/HOUSE NUMBER & STREET)

**SUBURB**

**STATE**

**POSTCODE**

**TELEPHONE NUMBER** ☐ Home ☐ Work

Mobile

## CHANGE NAME TO:

**FAMILY NAME (SURNAME)**

**TITLE** (MR/MRS/MS/DR)

**GIVEN NAMES**

For your change of name to be registered on our records, you must mail this form and:

- attach a certified copy of your Marriage Certificate or your Certificate of Change of Name; or
- complete the Statutory Declaration on the reverse of this form

## CHANGE MY PREFERRED BENEFICIARIES TO:

| **FAMILY NAME** | **GIVEN NAMES** | **RELATIONSHIP** (eg Mother, Father) | **% share** (=100%) |
|---|---|---|---|
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**Signature of Member**

**Date** (dd/mm/yyyy)

**Please return to: Cbus:**


**Mail:** **Locked Bag 999, Carlton South, Vic, 3053**
**Tel:** **1300 361 784**
**Fax:** **1300 361 794**
**Email:** **cbuseng@cbusmail.com.au**

# Statutory Declaration

I, 

of 

in the State of  do solemnly and sincerely declare that:

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**AND** I make this solemn Declaration by virtue of the *Statutory Declarations Act 1959,* and subject to the penalties provided by the Act for the making of false statements in statutory declarations, conscientiously believe the statements contained in this Declaration to be true in every particular.

Signature .....

DECLARED AT .....

In the State of .....

Date ..... day of ..... in the year of .....

Before me .....

To be signed before a Justice of the Peace, Magistrate, Commissioner for taking Affidavits or Declarations or a Notary Public.

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Full name, qualification and telephone number (and Registration Number if applicable) of person before whom the declaration is made (in printed letters)