



Australian  
Reward  
Investment  
Alliance

# Access number request and update personal details

When completing this form please print neatly in **BLOCK LETTERS** with a **black or blue ballpoint pen only**. Do not use correction fluid or tape. Print one letter or number in each box. Print  in appropriate boxes.

## Use this form if:

- > you would like a new or replacement access number
- > you would like to receive your member statement online
- > you have changed your postal address or other contact details.

Please complete this form and return by post or fax to:

PSS/CSS Access Numbers  
Reply Paid 244, Belconnen ACT 2616  
No stamp required

OR

Fax: 6272 9613

Please be aware that you can now receive your Access Number immediately by calling us on 1300 000 377.

## What's happening online?

Find out with an access number which gives you:

- > easy, secure access to the most up-to-date information about your super, including your

most recent member statement

- > instant online calculations through the i-Estimator
- > the ability to update your contact details at any time
- > the choice of how to receive the latest news about your super
- > complete confidentiality – your unique Access Number means you are the only one who can access your details.

## What's happening at home?

Let us know if you change your contact details so we can keep you updated on your super and ensure you receive your Annual Member Statement.

Choose from the following options:

- > using your access number you can log on to Member Services Online at [www.pss.gov.au](http://www.pss.gov.au) and select 'Change Contact Details and Preferences'
- > email your new details to [members@pss.gov.au](mailto:members@pss.gov.au)
- > using this form place a cross in the 'update my contact details' box below and post this form to the address shown above
- > call us on 1300 000 377.

Please send me a confidential access number and update my details as shown below.

Please update my contact details as shown below.

### YOUR DETAILS

Membership number

Title (print  in one box)  Mr  Ms  Mrs  Miss  Other

Surname

Given name/s

Date of birth 

DAY		MONTH		YEAR	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

