

NOTIFICATION OF CHANGE OF CONTACT DETAILS - FSP SUPER FUND

The Administrator
FSP Super Fund

I/We

Account Number(s)

Hereby confirm that I/we wish to:

1. Alter my/our address to:
(new Residential Address)

State Post Code

(new Postal Address - if same as residential address write "as above")

State Post Code

2. Alter my/our other contact details to:

Preferred Contact?

Email:	<input type="text"/>	<input type="checkbox"/>
Home Phone Number:	<input type="text"/>	<input type="checkbox"/>
Business Phone Number:	<input type="text"/>	<input type="checkbox"/>
Mobile Phone Number:	<input type="text"/>	<input type="checkbox"/>
Fax Number:	<input type="text"/>	<input type="checkbox"/>

Please update your records with the new details provided above.

Signature(s):

Date:

Please mail this original document to:
FSP Customer Care
Locked Bag 3460
GPO MELBOURNE
Vic 3001