

BENEFICIARY UPDATE

Notice of Change of Beneficiary Details



Member Details:

Member Name

Contact Number SAAS Payroll ID

I am updating my Beneficiary and nominate:

Name

Date of Birth / /

Address

Suburb State Post Code

Phone Relationship to you

I declare that:

- *All information on this form is true and correct*
- *I am cancelling any prior nominated Beneficiary in respect to my ASWF membership and request my ASWF Beneficiary records be updated accordingly*

Signature Date

Privacy of your information: The Ambulance Service Welfare Fund (ASWF) recognises the importance of protecting your personal information and that of your beneficiary. We only collect information which is necessary for the purposes of the ASWF. A copy of our privacy policy can be obtained directly from ASWF.

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OFFICE USE: DATABASE UPDATED