Change in Provident Personal Details

THIS FORM SHOULD BE USED TO NOTIFY DATACOM NPF SCHEMES ADMINISTRATION OF ANY CHANGES TO YOUR NAME, ADDRESS, PHONE NUMBER OR BANK ACCOUNT DETAILS.

YOU MUST SIGN THE FORM IN ALL CASES (SEE OVERLEAF). - PLEASE USE BLOCK LETTERS

Section 1 To be completed in all cases									
FULL NAME	MR / MRS / MS / OTHER								
(This is the name currently held by Datacom NPF Schemes Administration)	(Please circle one or insert other)								
IDENTITY NUMBER	DATE OF BIRTH / /								
NEW/CURRENT POSTAL ADDRESS									
	POSTCODE								
NEW/CURRENT HOME PHONE ()	MOBILE PHONE ()								
OLD POSTAL ADDRESS*									
	POSTCODE								
*Only required if advising a change of address									
Section 2 To be completed only for changes in name									
NEW SURNAME (When notifying us of a name change you must attach the appropriate legal documentation, such as a Marriage	NEW GIVEN NAME • Certificate or Deed Poll)								
Section 3 To be completed only for changes in bank account details									
NEW BANK	н								
NAME OF ACCOUNT HOLDER									
BANK ACCOUNT									
In addition, for international bank accounts:									
IBAN									
SWIFT CODE [BIC] (if known)									
BANK ADDRESS									



Section 4

Email details

To be completed if you wish to receive correspondence by email, wish to change a previously provided email address or no longer wish to receive correspondence by email. NOTE: By providing your email address you are authorising NPF to send correspondence which may include some personal information to you by email. This may include details of your entitlements, the data used to calculate those entitlements and any information required to administer the NPF schemes.

I CON	I CONFIRM I WISH TO RECEIVE CORRESPONDENCE BY EMAIL AND ACKNOWLEDGE IT MAY INCLUDE PERSONAL INFORMATION								
EMAIL ADDRESS									
I NO LONGER WISH TO RECEIVE CORRESPONDENCE BY EMAIL									
Section 5									
Alternative contact details									
To be completed if alternative contact details have not already been provided, or for a change in alternative contact details. This									
information will only be used if Datacom, NPF Schemes Administration, lose contact with you for any reason. Your alternative									
contact should be someone who does not live at the same address as you .									
FULL NAME						RELATIONSHI	Р ТО ҮО	U (if any)	
POSTAL ADI	DRESS							POSTCODE	
CONTACT	NI IONIE NII INA	DED ()		MODII	E DIJONE ()		
CONTACT PHONE NUMBER () MOBILE PHONE ()									
EMAIL ADDF	RESS								
The completed form should now be signed below by the member, or an authorised person, and forwarded along with any supporting									
documentation to: Datacom, NPF Schemes Administration, Freepost No. 1060, PO Box 1036, Wellington 6140, New Zealand.									
MEMBER OR AUTHORISED PERSON'S SIGNATURE									
DATE	/	/							
DATE	/	/							

Privacy Act Statement

The personal information you have supplied is being collected by Datacom Connect Limited (**Datacom**) on behalf of the Board of Trustees of the National Provident Fund (the **Board**), as administrators of the National Provident Fund Schemes (the **Schemes**). The information collected in this form will be held by Datacom and will be stored electronically within New Zealand. This information will only be used if Datacom, NPF Schemes Administration, lose contact with you for any reason.

The information may be exchanged between the Board and Datacom and may be disclosed to third parties, such as Annuitas Management Limited (provider of executive office/secretariat services to the Board) or agents of or advisers to the Board or Datacom or Inland Revenue for the purposes of the ongoing management and administration of the National Provident Fund schemes and to enable the Board to fulfil its statutory obligations. Under the Privacy Act 1993, you have the right to request any personal information which the Board holds about you; you may request correction of the information; you may request that there be attached to the information a statement of any correction sought but not made. The Board may charge a fee for the reasonable costs of responding to any of these requests.

By providing your **email address**, you consent to Datacom and the Board contacting you by email regarding your entitlements in the Scheme and other information about services, as appropriate. If you no longer wish to receive correspondence by email, you should complete a further copy of this form or advise Datacom.

You are entitled to access and request correction of the personal information collected in this form in accordance with the Privacy Act 1993. For more detailed information about the Privacy Act, you can refer to the Privacy Act 1993. The Board's Privacy Policy can be viewed at www.npf.co.nz

NPF Schemes Administration

Datacom Connect Limited PO Box 1036 Wellington 6140 **Board of Trustees of the National Provident Fund**

PO Box 3390 Wellington 6140 New Zealand