

# Change in 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  NEW GIVEN NAME   
(When notifying us of a name change you must attach the appropriate legal documentation, such as a Marriage Certificate or Deed Poll)

## Section 3

To be completed only for changes in bank account details

NEW BANK  BRANCH

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 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  RELATIONSHIP TO YOU (if any)

POSTAL ADDRESS  POSTCODE

CONTACT PHONE NUMBER (  ) MOBILE PHONE (  )

EMAIL ADDRESS

**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  /  /

## Privacy Act Statement

The personal information you supply by completing this form is being collected by Datacom Connect Limited (**Datacom**), as administrator of the National Provident Fund Schemes (the **Schemes**) on behalf of the Board of Trustees of the National Provident Fund (the **Board**). The information collected in this form will be held by Datacom and will be stored electronically within New Zealand. It will be used to process any election under this form and/or update your member record. It may also be used to contact you in the future.

The information may be exchanged between the Board and Datacom. It may be disclosed to third parties such as Annuitas Management Limited (provider of executive office/secretariat service to the Board) or agents of the Board or Datacom or the Inland Revenue in accordance with the Privacy Act 2020, for the purpose of the ongoing management and administration of the Schemes and to enable the Board to fulfil its statutory or legal obligations, such as for tax reporting or anti-money laundering requirements. If you do not provide the information requested, we may not be able to process any election and/or update your member record, as set out in this form. If we are required to disclose your information to any person or entity outside of New Zealand, we will either ensure that the recipient is required to protect your personal information in a way that provides comparable safeguards to those in the Privacy Act 2020, or we will contact you to obtain your authorisation to the disclosure.

By providing your **email address** you consent to Datacom and/or the Board contacting you by email regarding your entitlements under the Schemes and other information about services, as appropriate. If you no longer wish to receive correspondence by email you should complete a Change in Personal Details 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 2020. For more detailed information about the Privacy Act you can refer to the website of the Office of the Privacy Commissioner at [www.privacy.org.nz](http://www.privacy.org.nz). The Board's Privacy Policy can be viewed at [www.npf.co.nz](http://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