

## Change of Banking Details Form

### BENEFICIARY INFORMATION

Application Date:	Date of Birth:
First Name:	Surname:
Address:	
Mobile Number:	Suffix: <input type="checkbox"/> Junior <input type="checkbox"/> Senior
Email:	

### PREVIOUS BANK ACCOUNT DETAILS

Account Name:		Bank Name:	
BSB Number:	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>		
Account Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

### NEW BANK ACCOUNT DETAILS

Account Name:		Bank Name:	
BSB Number:	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>		
Account Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Effective Date:			

### SUPPORTING DOCUMENTATION

Please provide at least one of the following documents:

- Current bank statement confirming new bank details.
- Letter from the bank confirming new bank details.

Beneficiary Signature: \_\_\_\_\_ Date:        /        /

**Please send completed forms and supporting documents to Mutual Trust by:**

**Fax:** (08) 9230 7701    **Email:** [perthadmin@mutualtrust.com.au](mailto:perthadmin@mutualtrust.com.au)

**Mail:** Mutual Trust, PO Box 122, NEDLANDS WA 6909

If you have any queries, please contact us on (08) 9230 7700