

Advising/Changing overseas bank details

Use this form to advise or update you	ır bank, building society or cr	redit union account detai	ils. Please print clearly.
Personal details			
Title Mr Mrs	Miss Ms	Other	
Family name			
First given name		Second given n	ame
Address			
			Postcode
Email address			
Your date of birth	Vour	contact phone no.	_
		contact phone no.	
Regarding Client Estate Trust name	Trust of		
State Trustees reference no.		Polationahin to Clia	nt (if and)
	Relationship to Client (if appl.)		
What type of payment will/			
Rent Board Lodging	Reimbursement	Inheritance	Personal Funds (eg living expenses)
Other			
Payment will be made directly in this essential that the bank detail Any missing or incorrect information. Please check directly with your based on the same street in the same street.	ils below are complete and ation may result in a delay	d correct. in your payments.	The bank, building society or credit union account must be in your name
Name of bank Building societ	ty Credit union		
Address of bank building soci	iety credit union		
	, ,		
DIO I Oviff and	IDAN		
BIC Swift code	IBAN		
Routing number (USA only)		Account number	
Account held in name of		Currency you wis	
Statement			e check with bank, currency selected will be accept
I declare that the information provided in this form is complete and correct.	I understand that giving false or mislead information is a seriou	Sta info ser tha	ivacy Statement at the Trustees seeks to maintain the accuracy of the persona ormation it holds about you to assist us in providing our rivices to you. You are entitled to gain access to the informaticat you provide to us. For a full copy of our privacy policy goww.statetrustees.com.au or call 03 9667 6200.
Signature		Da	ate
Please return this form to State Tr	ustees, GPO Box 1461, M	elbourne Victoria 300	1, Australia or email:
		Phone (03) 9667	7 6287
OFFICE USE ONLY			
Details Updated: Signature		Da	ite

Details Updated: Signature