

Use this form to advise or update your bank, building society or credit union account details. Please print clearly.

Personal Details

Title: Mr Mrs Miss Ms Other _____

Family name: _____

First given name: _____ Second given name: _____

Address: _____

_____ Postcode: _____ Email: _____

Your date of birth: ____ | ____ | ____ Your contact phone number: (____) _____

Regarding Client | Estate | Trust of

Client | Estate | Trust Name: _____

State Trustees Reference Number: _____

Relationship to Client (if applicable): _____

What type of payment will/do you receive?

Rent | Board | Lodging Reimbursement Inheritance Personal Funds (eg living expenses)

Other: _____

Banking Details

- Payment will be made directly into the account detailed below.
- It is essential that the bank details below are complete and correct. Any missing or incorrect information may result in a delay in your payments.
- Please check directly with your bank if you are unsure of any of these details.

**The bank, building society
or credit union account
must be in your name**

Name of bank | building society | credit union: _____

Address of bank | building society | credit union: _____

BIC | Swift code: _____ IBAN: _____

Routing number (USA only): _____

Account number: _____

Account held in name of: _____

Currency you wish to be paid in: _____

(To avoid delay please check with bank, currency selected will be accepted)

Statement

I declare that:

- the information provided in this form is complete and correct.

I understand that:

- giving false or misleading information is a serious offence.

Privacy Statement: State Trustees seeks to maintain the accuracy of the personal information it holds about you to assist us in providing our services to you. You are entitled to gain access to the information that you provide to us. For a full copy of our privacy policy go to www.statetrustees.com.au or call +(613) 9667 6200.

Signature: _____ Date: ____ | ____ | ____

Please return this form to **GPO Box 1461 Melbourne Victoria 3001 AUSTRALIA**

Phone + (613) 9667 6287 Fax + (613) 9667 6444

OFFICE USE ONLY

Details Updated: Signature: _____ Date: ____ | ____ | ____