

Change of membership details

PLEASE COMPLETE AND SIGN THIS FORM AND RETURN TO: BUSS(Q), GPO Box 2775, Brisbane Qld 4001

BUSS(Q) Membership number			Date of birth												Tax File Number									
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YOUR NEW NOMINATED BENEFI Surname I nominate the above person(s) as my preferre Trustee as a guide only and the Trustee is not PRIVACY Your privacy is important to us. When your purpose of administering your account. If your purpose of administering your account. If your purpose of administering your website www.b	Given any control of the control of	eficiary way b	ss) ame(s r(ies) fo	or the by my	paym non-l	oinding	g nom	are s	n whe	t in Bi	USS((Q). I u	underst absolut	and th	at my retion	to pay	y my b	will be benefit	e used in BU	by the SS(Q)	e r th			
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