Section D: Member details	Attachment		of	
You must complete all questions with an '*' as these are mandatory questions.				
26* Provider's TFN				
27* Member's TFN				
28 Name Title: Mr Mrs Miss Ms Other Ms				
Given name Other given name(s)				
29 Previous name Family name				
Given name Other given name(s) Day Month Year				
Date change of name notified / / / / / / / / / / / / / / / / / / /				
Suburb/town/locality	State/territory	Pr	ostcode	
Country if outside Australia	(Australia only)		(Australia only)	
31 Previous address				7
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Suburb/town/locality Country if outside Australia	State/territory (Australia only)		Ostcode (Australia only)	_
Date change of address notified				
32* Sex Male Female Unknown				
33* Date of birth Day / Month / Year				
34* Has the date of birth been deemed? No Yes Unknown				

Section E: Member account details														
You must complete all questions with an '*' as these are mandatory questions.														
35* Status Lost Inactive Found Transferred Error														
36* Account number														
37 Superannuation product identification number (SPIN)														
38 Client Identifier														
39* Date account was opened Day / Day / Year / Year														
40 Previous provider's name														
41* Account balance C														
42* Money status														
Still held by reporting provider or paid to member Paid to SA as USM														
Paid to the ATO as USM Paid to TAS as USM														
Paid to NSW as USM Paid to ACT as USM														
Paid to VIC as USM Paid to NT as USM														
Paid to QLD as USM Transferred to another superannuation provider														
Paid to WA as USM														
43 Beneficiary 1 details														
Family name														
Given name Other given name(s)														
44 Beneficiary 2 details Family name														
Given name Other given name(s)														
45 Other reference														

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