Complaint registration form

first state super

You may use this form if you wish to register a complaint about any aspect of your First State Super membership.

If you would like more information before completing this form, please call customer service on **1300 650 873**, refer to your *Member Booklet* or to our fact sheet *Complaints handling*. Both documents are available from the website or from customer service.

Please use a dark pen and CAPITAL letters. Insert (✗) when you have to choose an option. You can also fill in this form online, print it and send it to us. Forms are located on our website at **firststatesuper.com.au/forms**.

If you have any questions, please call us on **1300 650 873**.

1. Your current membership details

Member number

Account number

Date of birth

Title

Last name

Given name(s)

Address

Suburb

State

Postcode

Daytime contact number

Mobile number

M F

Email (for security reasons, please ensure that your nominated email address is your personal email address and not a role-based email address such as employee_title@company.com.au)

2. Details of the complaint

Please provide details of the complaint and supply any relevant documents and other information that may support the complaint and its resolution. Please attach additional pages if necessary.

FSS Trustee Corporation (Trustee) ABN 11 118 202 672 AFSL 293340 **First State Superannuation Scheme** (Fund) ABN 53 226 460 365

FSS045 08/16

Please provide details of how you would like your complaint resolved.

3. Complaint resolution

4. Privacy

The personal information you provide on this form is collected by and held for First State Super by the fund administrator, Pillar Administration, in accordance with the Australian Privacy Principles of the *Privacy Act 1988 (Cth)*, for the purpose of administering your account and providing you with services associated with your fund membership.

For further information about how your personal information is handled, please call us on 1300 650 873 or visit firststatesuper.com.au/privacy to view the privacy policy (a hard copy of the policy may also be provided on request). The policy contains information about how you may access and seek correction of your personal information, how you may complain about a breach of your privacy and other important information about how your personal information is collected, used and disclosed.

5. Declaration

I declare that the information included on this form is a true and accurate representation of the events leading to this complaint.

I have read and understood the First State Super privacy policy.

Please sign and date form here.

Signature

Date (DD-MM-YYYY)

Send the form to this address.

6. Where to send your completed form

Return the completed form to **First State Super PO Box 1229 WOLLONGONG NSW 2500**. If you have any questions, please call us on **1300 650 873**.