



## Bank account details or change form

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**Important note:** Claimants and registered representatives that provided their bank account details to Shine Lawyers when they registered for the Stolen Wages WA Settlement, do not need to complete this form unless they have changed their bank account.

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### Bank accounts of claimants and registered representatives

All Stolen Wages claimants and registered representatives of deceased claimants must provide their bank account details. This is because payments will only be made by the Administrators to a bank account. No payments will be made by cash.

### Registering or changing bank accounts

To prevent fraud and to protect the privacy of claimants and registered representatives, the Stolen Wages Call Centre will not take or change bank account details over the phone or in an email (where the executed bank details form is not provided).

**Important note:** Bank account detail changes will only be accepted where the updated bank account is in the name of the claimant, or of the registered representative of a deceased claimant.

If a claimant or registered representative did not provide their bank account details to Shine Lawyers when they registered for the Stolen Wages WA Settlement, or wish to change their registered bank account, they must complete this bank account details form, sign it and return it to the Administrators of the Stolen Wages WA Settlement at [stolenwages.wa@au.gt.com](mailto:stolenwages.wa@au.gt.com) or via post to PO Box 7757, Cloisters Square, Perth WA 6850.

A bank account details form will not be registered unless a claimant or registered representative has executed this document. Further, a review will be conducted by the Administrators to compare the executed signature below to a form of identification previously provided to Shine Lawyers. We reserve the right to request additional identification should we require.

### Bank account details

Bank account name: _____
BSB: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> Account number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Name: _____
Email or Mailing Address: _____
Signature: _____

### Send signed forms to the Administrators

**Email:** [stolenwages.wa@au.gt.com](mailto:stolenwages.wa@au.gt.com)

**Address:** PO Box 7757, Cloisters Square, Perth WA 6850