

# Notification of policy committee details

Use this form to provide policy committee representative details.

Please print in CAPITAL LETTERS and place a cross  in any applicable boxes.

## 1. Plan details

Plan name	Plan number
<input type="text"/>	<input type="text"/>

Employer name

## 2. Policy committee details

A Policy Committee must have equal numbers of employer and member representatives, and it must meet at least once a year to satisfy legislative requirements. If these conditions are not met, members will be advised of this unfulfilled requirement on their **member statement**.

### Employer representatives names to be added:

Title  
 Mr  Mrs  Miss  Ms  Other

Family name

Given name(s)

Title  
 Mr  Mrs  Miss  Ms  Other

Family name

Given name(s)

Title  
 Mr  Mrs  Miss  Ms  Other

Family name

Given name(s)

### Member/employee representatives names to be added:

Title  
 Mr  Mrs  Miss  Ms  Other

Family name

Given name(s)

Title  
 Mr  Mrs  Miss  Ms  Other

Family name

Given name(s)

Title  
 Mr  Mrs  Miss  Ms  Other

Family name

Given name(s)

## 2. Policy committee details (continued)

### Names to be deleted:

Title

Mr  Mrs  Miss  Ms  Other

Family name

Given name(s)

Title

Mr  Mrs  Miss  Ms  Other

Family name

Given name(s)

Title

Mr  Mrs  Miss  Ms  Other

Family name

Given name(s)

## 3. Agreement and declaration

I/We agree and declare that to the best of my/our knowledge, the information provided in this form is true and correct.

## 4. Authorised signatory(ies) of employer

Signature

Date

Signature

Date

## Where to send this form

Mail or email this completed form to:

Resolution Life Customer Service  
GPO Box 5441  
Sydney NSW 2001  
askus@resolutionlife.com.au

Any questions?

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