

Change of details

! Important information

Please note: Changes will be made effective the date your completed documentation is received at our principal office of administration.

1. Personal details

(All fields must be completed)

Indicate your product type:

Rollover Fund (RF) Roll-Over Bond (ROB)

Policy number

Title

Date of birth

D	D	M	M	Y	Y	Y	Y
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Surname

Given name(s)

Residential address (a PO Box is not acceptable)

Suburb

State

Postcode

Country

Postal address

Suburb

State

Postcode

Country

Contact phone number

Mobile number

Email address

2. Switch investment options

Please specify amount/s or proportion/s ('All' or 'Remainder') you wish to be switched between investment options within your policy and sign in **section 5**.

Switch from	Amount (dollar (\$))	Amount percentage (%)
<input type="checkbox"/> Savings ⁽ⁱⁱ⁾	\$	%
<input type="checkbox"/> Conservative 2	\$	%
<input type="checkbox"/> Balanced 2 ⁽ⁱⁱ⁾	\$	%
<input type="checkbox"/> High Growth 2 ⁽ⁱⁱ⁾	\$	%
<input type="checkbox"/> Growth 2 ⁽ⁱⁱ⁾	\$	%
Total (A⁽ⁱ⁾)	\$	%

Switch to	Amount (dollar (\$))	Amount percentage (%)
<input type="checkbox"/> Savings ⁽ⁱⁱ⁾	\$	%
<input type="checkbox"/> Conservative 2	\$	%
<input type="checkbox"/> Balanced 2 ⁽ⁱⁱ⁾	\$	%
<input type="checkbox"/> High Growth 2 ⁽ⁱⁱ⁾	\$	%
<input type="checkbox"/> Growth 2 ⁽ⁱⁱ⁾	\$	%
Total (B⁽ⁱ⁾)	\$	%

Please note:

(i) **Totals A and B must agree. Minimum total transfer amount is \$2,000.**

(ii) The Savings and Balanced 2 investment options are not available for **ROB** policies.

- Switches between investment options are effected at the withdrawal and deposit prices, for the relevant investment options, which are applicable on the day when Resolution Life receive this form.
- For **ROB** policy owners under 55 years of age, a switch fee may apply. Please see your policy document for further information.

3. Change of name / change of address

- Please alter your records to show my new name and/or address/es, as recorded above in **section 1**, 'Personal details'.
For change of name, please sign your old and new signatures for verification and our records.

Old signature

New signature

Please ensure this form is signed and dated over the page. Please attach evidence of name change, such as certified copy of your marriage certificate, etc.

4. Nominated beneficiary

Please cross the appropriate box, complete details and sign in **section 5**.

- I wish to nominate a beneficiary on my policy (Please read Important information about beneficiary nominations below before you nominate a beneficiary) **and/or**
- I wish to revoke any previous beneficiary nomination made in respect of my policy.

Important information about beneficiary nominations.

You can nominate one 'dependant' as a beneficiary to receive your benefit in the event of your death.

Who is a dependant?

A dependant includes:

- A spouse¹ (legal, de facto or former spouse)
- A child (includes an adopted child, stepchild, ex-nuptial child, a child of the person's spouse and someone who is a child of the person within the meaning of the Family Law Act 1975), under the age of 18
- Any person who is financially dependent on you
- Any person with whom you have an interdependency relationship.

What is an interdependency relationship?

Two people are said to have an interdependency relationship if:

- They have a close personal relationship
- Live together
- One or each provides the other with financial support
- One or each of them provides the other with domestic support and personal care.

Two people who have a close personal relationship but who cannot satisfy all of the other requirements of an interdependency relationship because of a physical, intellectual or psychiatric disability, still have an interdependency relationship.

If the person whose name is specified below differs from a previous appointment made by you, the previous appointment(s) will be automatically revoked.

Full name of beneficiary

Relationship (please cross one)

- Spouse¹ Child¹ Financial dependant¹ Interdependent¹

5. Declaration and acknowledgement

By signing this request form I declare as follows:

- if this form is signed under a Power of Attorney, the Attorney declares that they have not received notice of revocation of that power (a certified copy of the Power of Attorney should be submitted with the form).
- I hereby make the appointment and/or revocation as provided for in **section 4** headed 'Nominated beneficiary' (if applicable).
- I declare that the information provided in this form is correct and complete.

Member's signature

Date

D	D	M	M	Y	Y	Y	Y
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¹ This includes another person (whether of the same sex or different sex) with whom the person is in a relationship that is registered under a law of a State or Territory, and this other person who, although not legally married to the person, lives with the person on a genuine domestic basis in a relationship as a couple.

Where to send this form

This form must be mailed to:

Resolution Life
GPO Box 3306
SYDNEY NSW 2001

Contact phone number

133 731

between 9 am and 5 pm (AEST/AEDT), Monday to Friday,
excluding public holidays.

What you need to know

Resolution Life Australasia Limited ABN 84 079 300 379, AFSL No. 233671 (Resolution Life) is the issuer of your product.

The information contained in this statement is factual information only and it does not contain any financial product advice or make any recommendations about a financial product or service being right for you. Resolution Life can be contacted via resolutionlife.com.au/contact-us or by calling 133 731.