

Important information

This form must be mailed to: **Resolution Life, GPO Box 3306, SYDNEY NSW 2001**

Contact phone number: **13 20 15** between 9 am and 5 pm (AEST/AEDT), Monday to Friday, excluding public holidays.

Please note:

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

Section 1 – Personal details (all fields must be completed)

Indicate your product type

Rollover fund (RF) Roll-over bond (ROB)

Policy number Title Mr Mrs Miss Ms Other

Given name(s) Surname

Postal address
 State Postcode Country

Residential address
 State Postcode Country

Mobile number Alternate phone number Date of birth (dd/mm/yyyy) / /

Email address

Section 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 (\$) or percentage (%))	Switch to	Amount (dollar (\$) or percentage (%))
<input type="checkbox"/> Savings [^]	<input type="text"/> \$ / %	<input type="checkbox"/> Savings [^]	<input type="text"/> \$ / %
<input type="checkbox"/> Capital Secure	<input type="text"/> \$ / %	<input type="checkbox"/> Capital Secure	<input type="text"/> \$ / %
<input type="checkbox"/> Balanced [^]	<input type="text"/> \$ / %	<input type="checkbox"/> Balanced [^]	<input type="text"/> \$ / %
<input type="checkbox"/> Growth	<input type="text"/> \$ / %	<input type="checkbox"/> Growth	<input type="text"/> \$ / %
<input type="checkbox"/> High Growth	<input type="text"/> \$ / %	<input type="checkbox"/> High Growth	<input type="text"/> \$ / %
Total (A*)	<input type="text"/> \$ / %	Total (B*)	<input type="text"/> \$ / %

Please note:

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

[^] The Savings, Balanced and High Growth 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.

Section 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.

Section 4 – Nominated beneficiary

Please tick (✓) 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 spouse* (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 tick ✓ one)

- Spouse Child Financial dependant Interdependent

* 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.

Section 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 this 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 (dd/mm/yyyy)