

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

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

X

Date

DDMMYYYY

Signature

X

Date

DDMMYYYY

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?
133 731