

Change of details



Important information

Instructions/information on how to complete this form:

- Please complete this form using black or blue ink in capital letters. Mark appropriate answer boxes with a cross .
- Fields marked with an asterisk (*) must be completed for the purposes of anti-money laundering and counter-terrorism financing laws and the Foreign Account Tax Compliance Act (FATCA).

1. Personal details or companies/trusts and funds details

Policy number

Policy owner

Title Date of birth*

Given name(s)*

Surname*

Full Company/Trust/Fund name*

Residential address*

Suburb State Postcode

Country

Postal address*

Suburb State Postcode

Country

Mobile number Alternate phone number

Email address

Joint policy owner

Title Date of birth*

Given name(s)*

Surname*

Residential address*

Suburb State Postcode

Country

Postal address*

Suburb State Postcode

Country

Mobile number Alternate phone number

Email address

2. Change of address

For security purposes please ensure both existing and new details are completed.

Existing residential address (PO Box is NOT acceptable)*

Suburb State Postcode

Country

Existing mailing address (if different to above)

Suburb State Postcode

Country

New residential address (PO Box is NOT acceptable)*

Suburb State Postcode

Country

New mailing address (if different to above)

Suburb State Postcode

Country

Mobile phone number Alternate phone number

Email address

3. Change of name

If your name has changed, please attach a copy certified by a justice of the peace, solicitor or notary public of the documentation by which you registered your change of name, such as a marriage certificate, deed poll or decree nisi (in the event of divorce).

Policy owner

Title

Given name(s)*

Surname*

Full Company/Trust/Fund name

Old signature

New signature

Please print name

Joint policy owner

Title

Given name(s)*

Surname*

Old signature

New signature

Please print name

4. Change of bank account details

Please provide details of your account you want your regular payments to be credited to. The account name must be in the name of the investor.

Account name

BSB number

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"/>
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5. Change of ongoing Adviser Service Fee (ASF)

I/We wish to cease the ongoing ASF arrangement on my policy

I/We wish to vary the ongoing ASF arrangement on my policy as indicated below:

I/We authorise Resolution Life to pay my/our adviser

An ongoing ASF \$ (incl. GST) of gross regular payments (no more than two decimal places.)

Any amount of ongoing ASF indicated above will be deducted from your after-tax regular payment at the same frequency as your regular payments.

All ongoing ASFs are paid to your financial adviser in accordance with the arrangements we have in respect of that adviser.

Adviser name

Adviser AFSL number

Adviser group name

Mobile number

Alternate phone number

<input type="text"/>	<input type="text"/>
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Email address

Signature of adviser

Date

<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"/>
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6. Declaration and acknowledgement

By signing this form I/we declare as follows:

- If this form is signed under a Power of Attorney, the attorney certifies that he/she has not received notice of revocation of that Power. A certified copy of the Power of Attorney should be submitted with this form unless already sighted by Resolution Life.
- I/We declare that the information provided in this form is correct and complete.

Signature of policy owner

Date

<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"/>
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Signature of joint policy owner

Date

<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"/>
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Signature of Director/Company officer/trustee

Date

<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"/>
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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

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