Resolution Life

Change of details

Important information

Please note:

- 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 Australian companies/trusts and funds details

(All fields must be comple	eted)					
Account number			Policy number			
Policy owner			Joint policy own	er		
Title Date of birth*		Title		Date o	of birth*	
	DD	MMYYYY			DD	MMYYYY
Given name(s)*			Given name(s)*			
Currence*						
Surname*			Surname*			
Full Company/Trust/Fund name*			Residential address*			
Residential address*						
			Suburb		State	Postcode
	.					
Suburb	State	Postcode	Country			
Country			Postal address*			
Postal address*						
			Suburb		State	Postcode
Suburb	State	Postcode	Country			
Country			Mobile number		Alternate p	hone number
Mobile number	Alternate p	hone number	Email address			
Email address						

Resolution Life Australasia Limited ABN 84 079 300 379, AFSL No. 233671. Colonial First State Investments Limited ABN 98 002 348 352 AFSL 232468 (CFSIL) provides platform administration services to Resolution Life in respect of this annuity product. For further information see the relevant product disclosure statement.

2. Change of address

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

Existing residential address (PO Box is NOT acceptable)*			documentation by which you registered your change of name, such as a marriage certificate, deed poll or decree nisi (in the event of divorce).
Suburb	State	Postcode	Policy owner
			Title
Country			Given name(s)*
Existing mailing address (if diffe	erent to above	e)	
			Surname*
Suburb	State	Postcode	Full Company/Trust/Fund name
			Old signature
Country			×
New residential address (PO B	ox is NOT ac	ceptable)*	New signature
			×
Suburb	State	Postcode	Please print name
Country			
			Joint policy owner
New mailing address (if differen	nt to above)		Title
			Given name(s)*
Suburb	State	Postcode	
			Surname*
Country			
			Old signature
Mobile number	Alternate ph	one number	×
Email address	·		New signature
			×

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

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

Please print name

BSB number	Account number

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. If the payment is split between two financial advisers, please complete the table below:

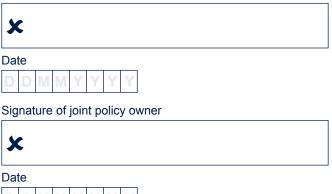
,	Name of financial	advise	Allocation of amount
Primary			
Secondary			
Primary adv	iser name		Adviser AFSL number
Adviser grou	up name		
Mobile num	ber	Alternat	e phone number
Email addre	SS		
Signature of	adviser		
Date			
Secondary a	adviser name		Adviser AFSL number
Adviser grou	up name		
Mobile num	ber	Alternat	e phone number
Email addre	SS		
Signature of	adviser		
×			
Date			

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



Signature of Director/Company officer/trustee

x	
Date	

DMMYYYY

Signature of Director/Company officer/trustee



Where to send this form

This form must be mailed to:

Colonial First State Reply Paid 27 Sydney NSW 2001

Contact phone number 13 13 36 between 8:30 am and 6 pm (AEST/AEDT), Monday to Friday, excluding public holidays.

ePost details (financial adviser use only) Scan and email forms via e-Post through FirstNet Adviser.

DDMM

What you need to know

Resolution Life Australasia Limited ABN 84 079 300 379, AFSL No. 233671 (Resolution Life) is the issuer of the Guaranteed Annuities Lifestream Guaranteed Income annuity product. Colonial First State Investments Limited ABN 98 002 348 352, AFSL No. 232468 (CFSIL) provides platform administration services to Resolution Life in respect of this product, which is offered via the Colonial First State FirstChoice platform. The information contained in this document 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. Any guarantee offered in this product is only provided by Resolution Life. CFSIL can be contacted via contactus@cfs.com.au or by calling 13 13 36.