

Change of personal details

Information sheet

When to use this form

Use this form to change your name and/or date of birth.

Identification requirements

For most services or products Resolution Life offer or provide, we are required to comply with the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006*. This means we may need to collect and verify identification details (ID) when you start a new account or complete transactions on your account. The process also applies to any changes or updates to identification details.

Your identification may need to be verified before we can approve your request. We may decide to delay or refuse any request or transaction if we're concerned that there may be a breach of our legal and regulatory obligations.

For services or products that aren't required to comply with the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006*, Resolution Life will maintain a high standard in requirements concerning requests for changes to essential customer data.

! If you're changing your name or date of birth, you'll need to send us **original certified copies** of your documents—don't send us the original documents.

If the document isn't written in English, then you **must** also attach an English translation prepared by an accredited translator.

Change in personal information

If you're changing your name or date of birth, we'll need to verify or confirm your identity. We'll do this by checking that certain details you provided in this form **match** the details in the documents you've attached.

Getting your copies certified

1. Make a photocopy of the original document that identifies you (eg your driver's licence).
2. Take both your original ID document and the photocopy to an authorised person who can certify.

Only certain people can certify copies including:

- police officer or sheriff
- justice of the peace or notary public
- legal practitioner, magistrate, judge or registrar/deputy registrar of a court
- pharmacist, physiotherapist or veterinary surgeon
- optometrist, dentist, medical practitioner or nurse
- member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the National Institute of Accountants.

You can see the full list of people who can certify documents or extracts at resolutionlife.com.au/identification.

3. Get the authorised person to stamp or write 'I certify that this is a true and correct copy of the original document', followed by their signature, full name, qualification, registration number (if applicable) and the date.

Example:

I certify that this is a true and correct copy of the original document.

John Citizen

John Citizen, Justice of the Peace
10 Other Street
Suburb NSW 2000

02 9999 9999 30 May 2020

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Please keep this information sheet for your records—
don't return it with your completed form(s).

Change of personal details

Use this form to change your name and/or date of birth.

1. Your previous personal details

Please provide the plan/policy/member/account number(s) for products you hold with Resolution Life.

Title

Date of birth

DDMMYYYY

Surname

Given name(s)

Contact phone number

Mobile number

Address

Suburb

State

Postcode

Email address

2. Type of change required

- ☐ Name
- ☐ Date of birth

Note: Change your address, email address or contact phone number easily online through the My Resolution Life portal. To login or register, visit resolutionlife.com.au/customerlogin.

Change of name

Please make sure that you provide photocopies of your original identification documents and that the copy is correctly certified. Refer to the **information sheet** for details on how to certify your documents.

!

It's important that you mail the original certified copies of your documents to us—we can't accept emailed copies of the certified documents.

2. Type of change required (continued)

Reason for change of name

Please select the reason you've changed your name and provide us with the relevant documents showing your new name details:

- ☐ Marriage—certified copy of the marriage certificate issued by the Registry of Births, Deaths and Marriages.
- ☐ Deed poll—a certified copy of the change of name registration certificate.
- ☐ Revert to maiden name—documents that show a clear link between your current name and your new name (eg a certified copy of the marriage certificate issued by the Registry of Births, Deaths and Marriages).
- ☐ Incorrect spelling of name—your driver's licence or passport.
- ☐ Known by name—your driver's licence **and** one additional form of identification showing your preferred name (eg passport, Medicare card, concession/healthcare card).

New name details

Title

Surname

Given name(s)

Note: We won't be able to process your request if you don't send us the certified copies of the relevant documents.

Date of birth correction

Please provide your correct date of birth details **and** attach a certified copy of either your driver's licence or passport.

Date of birth

DDMMYYYY

Please make sure that you provide photocopies of your original identification documents and that the copy is correctly certified. Refer to the **information sheet** for details on how to certify your documents.

!

It's important that you mail the original certified copies of your documents to us—we can't accept emailed copies of the certified documents.

Note: We won't be able to process your request if you don't send us the certified copies of the relevant documents.

3. Authority—must be completed

I/We declare that all the details in this form are true and correct.

If you're signing under Power of Attorney:

I verify that, at the time of signing, I had not received notice of revocation of that Power of Attorney. In the event that a certified copy of the Power of Attorney has not been previously provided, I must submit this with the completed form.

Note: For non super superannuation products, where the owner is under the age of 16, consent of a parent/guardian is required.

Member/Policy owner 1/Power of Attorney signature

X

Date

DDMMYYYY

Member/Policy owner 2 signature (if relevant)

X

Date

DDMMYYYY

4. Checklist

- ☐ Have you completed all relevant sections of this form?
- ☐ Have you signed and dated this form where indicated?
- ☐ Have you attached the original certified copies of your documents?

Where to send this form

Mail this completed form (and any other required certified documents) to:

Resolution Life Customer Service
GPO Box 5441
Sydney NSW 2001

Electronic use only

Adviser number

Confirmation options

Confirmation email address