

Change of Name

Member Number			Po	olicy Numbe	r	
1. Change of Na	ıme					
My name has changed from	1					
Title	Mr	Mrs	Ms	Miss	Dr	Other
Surname/Company/ Trust Name						
Given Names						
То						
Title	Mr	Mrs	Ms	Miss	Dr	Other
Surname/Company/ Trust Name						
Given Names						
New Signature			Previous Signature			

Please attach supporting evidence (eg certified copy of marriage certificate or certified copy of Deed Poll etc).

Change of Name

2. Policy Owner(s) Contact Details

Policy Owner 1

Title Mr Mrs Ms Miss Dr Other

Surname/Company/ Trust Name

Given Names

Date of Birth Contact Number

If Company, ABN

Unit Number Street №

Street Name Suburb

State Postcode Country

Policy Owner 2

Title Mr Mrs Ms Miss Dr Other

Surname/Company/

Trust Name

Given Names

Date of Birth Contact Number

If Company, ABN

Unit Number Street №

Street Name Suburb

State Postcode Country

Change of Name

3. Declaration

I/We the policy owner(s), whose signature(s) appear below, hereby understand/acknowledge and agree as follows:

- I declare that the information on this form is true and correct and that the details have been completed by me/us.
- I/We consent to the collection, use, storage and disclosure of my personal information as described in Keylnvest's Privacy Policy which is available at our website keyinvest.com.au/privacy-policy/, or by calling Keylnvest.

Signature of Policy Holder 1	Signature of Policy Holder 2				
Date	Date				

4. Contact Details

Street Address:

KeyInvest Level 5, 49 Gawler Place Adelaide SA 5000

Postal Address:

Keylnvest PO Box 3340 Rundle Mall SA 5000

Phone 1300 658 904

Email info@keyinvest.com.au Web www.keyinvest.com.au Hours 8.30am - 5.00pm (CST)