

Member No:

Policy No:

1) Change Of Name

My name has changed from:

Title Mr Mrs Ms Miss Dr Other

Surname

Given name(s)

To:

Title Mr Mrs Ms Miss Dr Other

Surname

New Signature

Previous Signature

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

2) Policy Owner(s) Details

Policy Owner 1

Title Mr Mrs Ms Miss Dr Other

Surname/Company/
Trust Name

Given name(s)

Date of birth Contact number

If Company, ABN

Policy Owner 2

Title Mr Mrs Ms Miss Dr Other

Surname/Company/
Trust Name

Given name(s)

Date of birth Contact number

If Company, ABN

4) Declaration

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

- I/We accept that KeyInvest Ltd may send me/us information about its products or services from time to time.
- I/We understand that I/we may notify you of my/our decision not to receive further information by contacting you directly.
- I declare that the information on this form is true and correct and that the details have been completed by me/us.

Signature of Policy Owner 1

Date

DD / MM / YY

Signature of Policy Owner 2

Date

DD / MM / YY

4) Contact Details

Phone: 1300 658 904

Email: info@keyinvest.com.au

Web: www.keyinvest.com.au

Hours of Operation:

8.30am - 5.00pm (CST)

Postal Address:

KeyInvest

PO Box 3340

Rundle Mall SA 5000

Street Address:

KeyInvest

Level 5, 49 Gawler Place

Adelaide SA 5000