

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.
- I/We consent to the collection, use, storage and disclosure of my personal information as described in KeyInvest's Privacy Policy which is available at [www.keyinvest.com.au](http://www.keyinvest.com.au), or by calling KeyInvest.

Signature of Policy Owner 1

Date

Signature of Policy Owner 2

Date

## 4) Contact Details

**Phone:** 1300 658 904  
**Email:** [info@keyinvest.com.au](mailto:info@keyinvest.com.au)  
**Web:** [www.keyinvest.com.au](http://www.keyinvest.com.au)  
**Hours of Operation:**  
8.30am - 5.00pm (CST)

**Postal Address:**  
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PO Box 3340  
Rundle Mall SA 5000

**Street Address:**  
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Adelaide SA 5000