



## Change of Owner Death of Joint Policy Owner

Life Events Bond

KeyInvest Funeral Bond

Supersaver Bond Fund

Member Number

Policy Number

Date of Death

### Details of the Deceased Policy Owner

Full Name

Date of Birth

Address

Suburb

State

Postcode

Country

### Details of Surviving Joint Policy Owner

Full Name

Date of Birth

Address

Suburb

State

Postcode

Country

Home Phone

Work Phone

Email

# Change of Owner Death of Joint Policy Owner

I have enclosed the following documents to support this request

Certified Copy of the Death Certificate

I acknowledge and understand that to the above named policy(ies) will be changed into my name only. Where this is a funeral policy I have elected to transfer the full Funeral Benefit to myself as the surviving owner. I acknowledge that the information I have supplied in this document is true and correct.

**Signature of Joint Policy Owner**

Date

## Contact Details

**Street Address:**

KeyInvest  
Level 5, 49 Gawler Place  
Adelaide SA 5000

**Postal Address:**

KeyInvest  
PO Box 3340  
Rundle Mall SA 5000

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**Email** [info@keyinvest.com.au](mailto:info@keyinvest.com.au)

**Web** [www.keyinvest.com.au](http://www.keyinvest.com.au)

**Hours** 8.30am – 5.00pm (CST)