



Change of Name

Member Number

Policy Number

1. Change of Name

My name has changed from

Title Mr Mrs Ms Miss Dr Other

Surname/Company/
Trust Name

Given Names

To

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

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 KeyInvest's Privacy Policy which is available at our website keyinvest.com.au/privacy-policy/, or by calling KeyInvest.

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:

KeyInvest
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)