

Change of Details Form

Investment Bond

Please PRINT clearly in BLACK or BLUE pen keeping well within the boxes. Use crosses in the boxes marked with an "X".

1. Member details

Account number	<input type="text"/>		
Title	<input checked="" type="checkbox"/> Mr	<input checked="" type="checkbox"/> Mrs	<input checked="" type="checkbox"/> Ms <input checked="" type="checkbox"/> Miss
Surname	<input type="text"/>		
Given name(s)	<input type="text"/>		
Date of birth	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date of death	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Residential address (not a PO Box)	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Country (if not Australia)	<input type="text"/>		
Phone	<input type="text"/>	Mobile	<input type="text"/>
Email	<input type="text"/>		

2. Change of details

Please provide your new contact details below.

Residential address (not a PO Box)	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Country (if not Australia)	<input type="text"/>		
Phone	<input type="text"/>	Mobile	<input type="text"/>
Email	<input type="text"/>		

3. Change of name

Please attach copy of deed poll, marriage certificate, birth certificate etc.

Old surname	<input type="text"/>		
Old given name(s)	<input type="text"/>		
New surname	<input type="text"/>		
New given name(s)	<input type="text"/>		
Date changed	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Old signature	<input type="text"/>	New signature	<input type="text"/>

4. Change of financial adviser

Company

Adviser

Phone Mobile

I authorise the provision of information regarding my membership and the payment of ongoing brokerage to the above adviser.

5. Change of regular contributions

Please alter my existing contribution to: Total amount per contribution:

Monthly
 Quarterly
 Half yearly
 Yearly
 \$, .

6. Change of nominated beneficiaries (Investment Bond only)

Beneficiary 1

Title Mr Mrs Ms Miss

Surname

Given name(s)

Date of birth // Date of death /

Residential address (not a PO Box)

Suburb State Postcode

Country (if not Australia)

Phone Mobile

Email

Relationship to Bond Owner Percentage of benefit %

Beneficiary 2

Title Mr Mrs Ms Miss

Surname

Given name(s)

Date of birth // Date of death /

Residential address (not a PO Box)

Suburb State Postcode

Country (if not Australia)

Phone Mobile

Email

Relationship to Bond Owner Percentage of benefit %

If more space is required please attach and sign a separate form. This nomination revokes all previous nominations made. The Trustee reserves the right to make the final decision about the form in which the benefit is paid and to whom.

7. Authorisation

All account signatories must sign below.

Signature 1

Print name

Date /

Signature 2

Print name

Date /

Please include a certified copy of photo identification if not previously provided.



Return by email

enquiries@australianunity.com.au



Post

Send completed form together with relevant identification documents.

Within Australia

Australian Unity – Investment Bonds
Reply Paid 93753
Melbourne VIC 806
*(No stamp required if mailed
within Australia)*

Outside Australia

Australian Unity
GPO Box 4397
Melbourne VIC 3001

Contact us

Investor Services

1300 1300 38

australianunity.com.au/wealth