

CHANGE OF DETAILS FORM

To update your personal and/or bank details – please complete the relevant sections below and return to Funeral Plan Management.

Please:

- Use **BLOCK** letters and a black or blue pen to complete this form
- Mark any boxes with an 'X' where applicable
- Call Investor Services on **1800 804 731** if you have any questions.

1. MEMBER DETAILS

Certificate/Policy number:

Title: ☐ Mr ☐ Mrs ☐ Ms ☐ Miss Date of birth: / /

Surname:

Given name(s):

Residential address:

Suburb: State: Postcode:

Country:

Phone: Mobile:

Email:

2. NEW DETAILS OF MEMBER

Title: ☐ Mr ☐ Mrs ☐ Ms ☐ Miss Date of birth: / /

Surname:

Given names:

Residential address:

Suburb: State: Postcode:

Country:

Phone: Mobile:

Email:

Are you a Politically Exposed Person? ☐ Yes ☐ No

Please identify the source of your investable assets or wealth?

☐ Gainful employment

☐ Inheritance/gift

☐ Financial investments

☐ Business activity

☐ Superannuation savings

☐ Other - please specify

3. CHANGE OF AUSTRALIAN FINANCIAL INSTITUTION ACCOUNT DETAILS

Please change my nominated Australian financial institution details to those listed below.

Providing your nominated Australian financial institution details below means that you authorise the use of this information for all future deposit transaction requests that you initiate.

Name of Australian financial institution:	<input type="text"/>
Branch name:	<input type="text"/>
Name of account holder(s):	<input type="text"/>
Branch number (BSB):	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>
Account number:	<input type="text"/>

4. DIRECT DEBIT DECLARATION AND SIGNATURE(S)

Confirmation

- I/we request and authorise Lifeplan Australia Friendly Society Limited (Lifeplan), User ID 086326, ABN 78 087 649 492.
- to debit funds through the Bulk Electronic Clearing System (BECS) according to the details specified above from my/our nominated Australian financial institution account and will be subject to the terms and conditions of the Direct Debit Service Agreement.
- I/we are authorised to operate my/our nominated Australian financial institution account.
- I/we have read, understood and agree to the terms and conditions set out in this Request and in the Direct Debit Request Service Agreement provided in the Product Disclosure Statement.
- I/we acknowledge and agree this Direct Debit arrangement is governed by the Direct Debit Request Service Agreement.
- I/we agree to indemnify Lifeplan against all losses, costs, damages and liability (including, without limitation, legal costs and expenses on a full indemnity basis) that Lifeplan may suffer as a result of my/our breach of the Direct Debit Request Service Agreement, or
- providing an invalid or non-binding direct debit request or Lifeplan otherwise acting upon any unauthorised direct debit request. This indemnity is a continuing obligation, separate and independent from other obligations and survives termination of this agreement. It is not necessary for Lifeplan to incur expenses or make payment before enforcing this right of indemnity.
- I/we agree to pay Lifeplan all or any sum due without deduction or set-off. This indemnity does not apply to the extent of any fraud, negligence or breach of trust by Lifeplan.
- I/we acknowledge and agree that by signing and/or providing Lifeplan with a valid instruction in respect to my/our Direct Debit Request, I/we confirm that I/we have understood and agreed to the terms and conditions governing the debit arrangements between myself/us and Lifeplan as set out in this Direct Debit Request and in my/our Direct Debit Request Service Agreement.

Signature(s)

All account signatories must sign below.

Signature of Australian financial institution account holder

Print name

Date: / /

Signature of Australian financial institution account holder

Print name

Date: / /

5. CHANGE OF DETAILS

Date of change: / /

Reason for change:

6. NOTES

- ☐ If you have a change of name we will require a certified copy of your marriage/divorce certificate
- ☐ A residential address must be provided in all circumstances

7. DECLARATION AND SIGNATURE(S)

- I/we confirm the information provided in this form is correct and I/we will inform you within 30 days if there are any changes in circumstances. I/we understand that penalties may apply for providing false information.

Signature(s)

Old signature

Print name

Date: / /

New signature

Print name

Date: / /

Return your completed form to Funeral Plan Management Pty Ltd via:

E funeralplans@australianunity.com.au

P GPO Box 4397, Melbourne VIC 3001

ADDRESS: GPO Box 4397, Melbourne VIC 3001
TELEPHONE: 1800 804 731 (freecall)
EMAIL: funeralplans@australianunity.com.au
WEBSITE: australianunity.com.au/funeral-plan-bond

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