

# SWITCH OPTION FORM

Please:

- PRINT clearly in black pen keeping within the allocated area
- Mark any boxes with an 'X' where applicable
- Call Client Services on **1800 804 731** if you have any questions.
- **Note: A switch in or out of the Capital Guaranteed investment option is not permitted.**
- Ensure you complete this form with all required information. Incomplete forms will be returned and may delay your request being processed.

Has ownership of this policy been assigned to a funeral director? Has ownership of this policy been assigned to a funeral director?

Yes, **funeral director** completes form       No, **investor/s** completes form

## 1. MEMBER DETAILS

Policy/Certificate number:

### Member 1 (Individual investor)

Title:  Mr    Mrs    Ms    Miss   Other: (please specify)

Surname:

Given name(s):

Residential address (not PO Box):

Suburb:       State:       Postcode:

Phone:       Mobile:

Email:       Date of birth: //

### Member 2 (Joint investor)

Title:  Mr    Mrs    Ms    Miss   Other: (please specify)

Surname:

Given names:

Residential address (not PO Box):

Suburb:       State:       Postcode:

Phone:       Mobile:

Email:       Date of birth: //

### Funeral Director (as assigned owner)

Name of Funeral Director:

Business address (not PO Box):

Suburb:  State:  Postcode:

Phone:  Mobile:

### 2. INVESTMENT OPTION ALTERATION REQUEST

From existing details (select one):  Conservative  Moderate

To new details (select one):  Conservative  Moderate

100% of investment must be transferred to the new investment option.

**Note:** Please refer to the current Disclosure Document available at [fpmmanagement.com.au](http://fpmmanagement.com.au) for information on investing transaction costs and up to date investment options information.

### 3. DECLARATION AND SIGNATURE

I/We confirm that I/we have a copy of the current Disclosure Document and that I/we have read, understood and retained the Disclosure Document for future reference.

Signature(s) (all members must sign and date this form)

Signature of Member 1 or Funeral Director as assigned owner

Signature of Member 2

X

X

Date:   /   /

Date:   /   /

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

E funeral.plans@lifeplan.com.au  
F 1800 812 799  
P GPO Box 89, Adelaide SA 5001

ADDRESS: 114 Albert Road, South Melbourne VIC 3205  
TELEPHONE: 1800 804 731 (freecall)  
EMAIL: funeral.plans@lifeplan.com.au  
WEBSITE: [fpmmanagement.com.au](http://fpmmanagement.com.au)

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