

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			
Title	<input checked="" type="checkbox"/> Mr <input checked="" type="checkbox"/> Mrs <input checked="" type="checkbox"/> Ms <input checked="" type="checkbox"/> Miss		
Surname			
Given name(s)			
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"/> <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"/> <input type="text"/> <input type="text"/>
Residential address (not a PO Box)			
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)			
Phone	<input type="text"/>	Mobile	<input type="text"/>
Email			

2. Change of details

Please provide your new contact details below.

Residential address (not a PO Box)			
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)			
Phone	<input type="text"/>	Mobile	<input type="text"/>
Email			

3. Change of name

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

Old surname			
Old given name(s)			
New surname			
New given name(s)			
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"/> <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

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6. Change of nominated beneficiaries (Investment Bond only)

Beneficiary 1

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input 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"/> <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"/>		
Relationship to Bond Owner	<input type="text"/>	Percentage of benefit	<input type="text"/> <input type="text"/> <input type="text"/> %

Beneficiary 2

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input 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"/>	
Relationship to Bond Owner	<input type="text"/>	Percentage of benefit <input type="text"/> <input type="text"/> <input type="text"/> %

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

X

Print name

Date / /

Signature 2

X

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