

## 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?

☐ 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 Product Disclosure Statement available at [fpmanagement.com.au](http://fpmanagement.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 Product Disclosure Statement and that I/we have read, understood and retained the Product Disclosure Statement for future reference.

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

Signature of Member 1 or Funeral Director as assigned owner

X

Date:   /   /

Signature of Member 2

X

Date:   /   /

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

E [funeralplans@australianunity.com.au](mailto: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](mailto:funeralplans@australianunity.com.au)  
**WEBSITE:** [australianunity.com.au/funeral-plan-bond](http://australianunity.com.au/funeral-plan-bond)

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