

CHANGE OF ADVISER DETAILS

Please use this form to change financial adviser details or adviser service fees.

If you have any queries about completing this form, please call us on 1300 371 136 between 8.30am and 5.30pm (AET), Monday to Friday, or email us at administration@allianzretireplus.com.au.

Policy number <input type="text"/>	Policy owner name <input type="text"/>
Phone number <input type="text"/>	Email address <input type="text"/>

1 FINANCIAL ADVISER

By completing this form you acknowledge that any adviser service fees in relation to your policy will be paid to your financial adviser's Australian financial services licensee, and that the details of your policy may be provided to that licensee or your financial adviser.

Please select the type of change you would like to make

Remove my financial adviser from my policy

Change my adviser to

New adviser details

Title	First name	Middle name	Surname
<input type="text"/>	<input type="text"/>		

Phone

Email

Authorised representative *(if different from above)*

Adviser number *(AR number)*

AFSL name

AFSL number

Change my ongoing adviser service fee

Ongoing adviser service fee \$ _____ p.a. or _____ % p.a. *(Percentage of account balance at anniversary date)*

You authorise the payment of the above ongoing adviser service fee, and acknowledge that it is an ongoing arrangement that will continue until you inform us otherwise.

Stop my ongoing adviser service fee

2 AUTHORISATIONS

The information we collect on this form will be used to update your policy details.

I/we declare that:

- The details provided in this form are true and correct.
- If I am signing on behalf of a company as a "Company Officer" and as a sole signatory, then I am signing as a sole director and secretary of the company.
- Where signing under a power of attorney, the attorney confirms that no notice of revocation of that power has been received. An original certified copy of the power of attorney, including the appointed attorney's signature, must be lodged with this form if it has not previously been supplied.
- I/we release and indemnify Allianz Australia Life Insurance Limited (AALIL) against any liabilities that may arise out of AALIL acting on any incorrect information received in writing or electronically from me.

Investor 1/Company Officer/Attorney

Signature

Full name

Date

Investor 2/Company Officer/Attorney

Signature

Full name

Date

If you are providing original certified documents with your form, you can only send these by post, otherwise you can send your form in one of the following ways:



Post

Allianz Australia Life Insurance Limited
Reply Paid 89484, Sydney, NSW 2001



Scan and email

administration@allianzretireplus.com.au