

CHANGE OF DETAILS

Please use this form to request changes to your address, phone number, email, name or bank account.

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.

Please complete the applicable sections

- Contact details ▶ (Complete section 1 and 4)
- Name ▶ (Complete section 2 and 4)
- Bank account details ▶ (Complete section 3 and 4)

Policy number

Policy owner name

Phone number

Email address

1 CONTACT DETAILS

New address

Residential address *(cannot be a PO Box)*

State	Postcode	Country
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Postal address *(if different from above)*

State	Postcode	Country
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New phone number

New email address

2 NAME

To request a change of name on your policy, please complete the details below and provide documentary evidence such as an original certified copy of your marriage certificate, divorce certificate, deed poll or change of name certificate from the relevant registration office for births, deaths and marriages in your state or territory.

Previous name

New name

Previous signature

New signature

3 BANK ACCOUNT DETAILS

Providing your new account details in this section overrides your previous bank account details. Any account nominated must be with an Australian financial institution and in the name of the policy owner.

Account name

BSB

Account number

4 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