

Change of Adviser Details Form

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

1. Financial adviser

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

Select the type of change you would like to make

Remove my financial adviser from my policy/investment

Change my adviser to

New adviser details

| | | | |
|---|----------------------------|-------------|---------|
| Title | First name | Middle name | Surname |
| <input type="text"/> | <input type="text"/> | | |
| Phone | Email | | |
| <input type="text"/> | <input type="text"/> | | |
| Authorised representative (if different from above) | Adviser number (AR number) | | |
| <input type="text"/> | <input type="text"/> | | |
| AFSL name | AFSL number | | |
| <input type="text"/> | <input type="text"/> | | |

Change my ongoing adviser service fee

Ongoing adviser service fee \$ _____ p.a. or _____ % p.a. (Percentage of Account Balance / Investment Value 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

Please note:

The option of directing and authorising us to pay an ASF is not available to investors who have elected the Age Pension+ option in the Agile product.

For more information on how adviser service fees are paid from your policy/investment, including how the adviser service fees may affect your Lifetime Income payments or Free Withdrawal Amount available, please refer to the relevant Product Disclosure Statement.

2. Authorisations

The information we collect on this form will be used to update your policy/investment 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 will compensate the Company if it suffers any loss or liabilities as a result of it acting on or relying on any incorrect, inaccurate or misleading information provided.

Investor 1/Company Officer/Attorney

Signature

Full name

Date

Investor 2/Company Officer/Attorney (if applicable)

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

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.