

Change of Details Form

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.

Complete the applicable sections

- Contact details ▶ Section 1 and 4
- Name ▶ Section 2 and 4
- Bank account details ▶ Section 3 and 4

Policy/Investment number

Policy owner / Investor name

Phone number

Email address

1. Contact Details

New address

Residential address *(cannot be a PO Box)*

State

Postcode

Country

Postal address *(if different from above)*

State

Postcode

Country

New phone number

New email address

2. Name

To request a change of name on your policy/investment, 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/investor.

Account name

BSB

Account number

4. 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.
- If I/we have provided AALIL with personal information about a nominated beneficiary, I/we have shown that individual the sections related to privacy in the relevant Product Disclosure Statement and they have consented to this information being provided to AALIL.

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

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