

GUARANTEED ANNUITIES LIFESTREAM GUARANTEED INCOME CHANGE OF DETAILS FORM

SAVE FORM

PRINT FORM

- i** Instructions/information on how to complete this form
- ◆ Please complete this form using BLACK or BLUE INK in CAPITAL LETTERS. Mark appropriate answer boxes with a tick (✓).
 - ◆ Fields marked with an asterisk (*) must be completed for the purposes of anti-money laundering and counter-terrorism financing laws and the Foreign Account Tax Compliance Act (FATCA).

SECTION 1 - PERSONAL DETAILS OR COMPANIES/TRUSTS AND FUNDS DETAILS

Policy number

Policy Owner

Title Mr Mrs Ms Miss Other ▶

Given name(s)*

Surname*

Full Company/Trust/Fund Name*

Address*

<input type="text"/>		
State	Postcode	Country

Date of birth*

 / /

Telephone

Mobile phone number

Joint Policy Owner

Title Mr Mrs Ms Miss Other ▶

Given name(s)*

Surname*

Address*

<input type="text"/>		
State	Postcode	Country

Date of birth*

 / /

Telephone

Mobile phone number

SECTION 2 - CHANGE OF ADDRESS

For security purposes please ensure both existing and new details are completed.

Existing Residential address (PO Box is NOT acceptable)*

<input type="text"/>		
State	Postcode	Country

Existing Mailing address (if different to above)

<input type="text"/>		
State	Postcode	Country

Thank you for completing this form

SECTION 2 - CHANGE OF ADDRESS (CONTINUED)

New Residential address (PO Box is NOT acceptable)*

	State	Postcode	Country

New Mailing address
(if different to above)

	State	Postcode	Country

Telephone

Mobile phone number

Email

TFN

ABN/ACN

SECTION 3 - CHANGE OF NAME

If your name has changed, please attach a copy certified by a justice of the peace, solicitor or notary public of the documentation by which you registered your change of name, such as a Marriage Certificate, Deed Poll or Decree nisi (in the event of divorce).

Policy Owner

Title Mr Mrs Ms Miss Other ▶

Given name(s)*

Surname*

Full Company/Trust/Fund Name

TFN/ACN

Old Signature

New Signature

Please print name

Joint Policy Owner

Title Mr Mrs Ms Miss Other ▶

Given name(s)*

Surname*

TFN

Old Signature

New Signature

Please print name

SECTION 4 - CHANGE OF BANK ACCOUNT DETAILS

Please provide details of your account you want your regular payments to be credited to. The account name must be in the name of the investor.

Name of Australian financial institution

Account name

Branch number (BSB)

Account number

Thank you for completing this form

SECTION 5 - CHANGE OF ONGOING ADVISER SERVICE FEE

- I/We wish to cease the Ongoing Adviser Service Fee (ASF) arrangement on my policy
 I/We wish to vary the Ongoing ASF arrangement on my policy as indicated below:

I/We authorise Commlnsure to pay my/our adviser

An Ongoing ASF \$ (incl. GST) of gross regular payments (no more than 2 decimal places)

Any amount of Ongoing ASF indicated above will be deducted from your after-tax regular payment at the same frequency as your regular payments.

All Ongoing ASFs are paid to your financial adviser in accordance with the arrangements we have in respect of that adviser.

If the payment is split between two financial advisers, please complete the table below:

	Name of financial adviser	Allocation of amount
Primary	<input type="text"/>	<input type="text"/>
Secondary	<input type="text"/>	<input type="text"/>

Primary adviser name

Adviser AFSL number

Adviser group name

Phone number

Email

Signature of adviser

Date

Secondary adviser name

Adviser AFSL number

Adviser group name

Phone number

Email

Signature of adviser

Date

SECTION 6 - DECLARATION

1. If this form is signed under a Power of Attorney, the attorney certifies that he/she has not received notice of revocation of that Power. A certified copy of the Power of Attorney should be submitted with this form unless already sighted by CMLA.
2. I/We declare that the information provided in this form is correct and complete.

Signature of Policy Owner

Date

Signature of Joint Policy Owner

Date

Signature of Director/Company officer/Trustee

Date

This form must be mailed to: **Commlnsure**, PO Box 320 Silverwater NSW 2128,
Contact phone number: 13 1056 between 8.30am and 6.00pm, Monday to Friday (Sydney time).

Thank you for completing this form