

Change of Name Form

KeyInvest Investment Bonds



Member No:

Policy No:

1) CHANGE OF NAME

My name has changed from:

Title Mr Mrs Ms Miss Dr Other
Surname
Given name(s)

To:

Title Mr Mrs Ms Miss Dr Other
Surname
Given name(s)

New Signature

Previous Signature

Please attach supporting evidence (eg certified copy of marriage certificate or certified copy of Deed Poll etc).

2) POLICY OWNER(S) DETAILS

Policy Owner 1

Title Mr Mrs Ms Miss Dr Other
Surname/Company/
Trust Name
Given name(s)
Date of birth Contact Number
If Company, ABN

Policy Owner 2

Title Mr Mrs Ms Miss Dr Other
Surname/Company/
Trust Name
Given name(s)
Date of birth Contact Number
If Company, ABN

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3) DECLARATION

I/We the policy owner(s), whose signature(s) appear below, hereby understand/acknowledge and agree as follows:

- I/We accept that KeyInvest Ltd may send me/us information about its products or services from time to time.
- I/We understand that I/we may notify you of my/our decision not to receive further information by contacting you directly.
- I declare that the information on this form is true and correct and that the details have been completed by me/us.

Signature of Policy Owner 1

Date

Signature of Policy Owner 2

Date

4) CONTACT DETAILS

Phone: 1300 658 904

Email: info@keyinvest.com.au

Web: www.keyinvest.com.au

Hours of Operation: 8.30am - 5.00pm (CST)

Postal Address:

KeyInvest
PO Box 3340
Rundle Mall SA 5000

Street Address:

KeyInvest
Level 5, 49 Gawler Place
Adelaide SA 5000