

# KeyInvest Investment Bonds

## Change of Address Form



This form should be completed if you wish to change your membership contact details.

Please PRINT clearly using blue or black pen.

Please return the completed form to KeyInvest or phone KeyInvest on 1300 658 904 with any enquiries.

Member No:

Policy No:

### 1. POLICY OWNER(S) DETAILS

#### Policy Owner 1

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

#### Policy Owner 2

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

### 2. PREVIOUS CONTACT DETAIL Residential Address (If supplying post office address, residential address is also required).

Unit No.  Street No.  PO Box   
Street Name   
Suburb   
State  Postcode  Country

### 3. NEW CONTACT DETAILS Residential Address (If supplying post office address, residential address is also required).

Unit No.  Street No.  PO Box   
Street Name   
Suburb   
State  Postcode  Country   
Home Phone  Bus/Mobile   
Fax   
Email



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### 4. 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 contracting 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

Company Seal  
(if applicable)



### 5. CONTACT US

**Street Address:** KeyInvest Ltd  
Level 2, 49 Gawler Place  
Adelaide SA 5000

**Postal Address:** KeyInvest Ltd  
PO Box 3340  
Rundle Mall SA 5000

**Phone:** 1300 658 904

**Email:** info@keyinvest.com.au

**Web:** www.keyinvest.com.au

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

#### OFFICE USE ONLY

Policy Owner/Member details and signature verified:

Processing of form complete:

Date:

