



# Memorandum Change of Address

**To:** Policy Services

**Subject:** Change of Address

**Policy Number:**

**Life Insured:**

**Date of Birth:**

**From:**

**Date:**

I have read and consent to the handling, collection, use and disclosure of my personal and sensitive information in the manner described in the AIA Australia Privacy Policy available on the AIA Australia website at [www.aia.com.au](http://www.aia.com.au) as updated from time to time or by calling AIA Australia on 1800 333 613, including exchange with third parties located in Australia and overseas.

**Signed:**

**Previous Address:**

  

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**New Address:**

  

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