



# Guaranteed Annuities Lifestream Guaranteed Income

## CHANGE OF DETAILS FORM

### 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\*

State                      Postcode                      Country

Date of birth\*

 /  / 

Telephone

Mobile phone number

#### Joint Policy Owner

Title  Mr  Mrs  Ms  Miss  Other ▶

Given name(s)\*

Surname\*

Address\*

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)\*

State                      Postcode                      Country

Existing Mailing address (if different to above)

State                      Postcode                      Country

## 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

## 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 AIA Australia 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.

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 AIA Australia.
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: AIA Australia Guaranteed Annuities, GPO Box 3306 Sydney NSW 2001,  
Contact phone number: **1800 624 100** between 8.30am and 6.00pm Monday to Friday (AEST/AEDT)