



# Rollover Fund and Roll-Over Bond

## CHANGE OF DETAILS FORM

You may lodge this form by posting to:

AIA Australia  
GPO Box 3306  
SYDNEY NSW 2001

### Section 1 – Personal details

Indicate your product type

RF  ROB

Policy number

Title  Mr  Mrs  Miss  Ms  Other

Given name(s)

Surname

Postal address

State

Postcode

Daytime phone number

Evening phone number

Email address

### Section 2 – Switch Investment options

Please specify amount/s or proportion/s ('All' or 'Remainder') you wish to be switched between investment options within your policy and sign in Section E.

#### Switch from

Savings <sup>^</sup>	\$	
Capital Secure	\$	
Balanced <sup>^</sup>	\$	
Managed <sup>^</sup>	\$	
Growth <sup>^</sup>	\$	
<b>Total</b>	<b>A\$</b>	*

#### Switch to

Savings <sup>^</sup>	\$	
Capital Secure	\$	
Balanced <sup>^</sup>	\$	
Managed <sup>^</sup>	\$	
Growth <sup>^</sup>	\$	
<b>Total</b>	<b>B\$</b>	*

\* Totals A and B must agree. Minimum total transfer amount is \$2,000.

Switches between investment options are effected at the Withdrawal and Deposit Prices, for the relevant investment options, which are applicable on the day when AIA Australia receive this form.

For **ROB** policy owners under 55 years of age, a switch fee may apply. Please see your policy document for further information.

<sup>^</sup>The Savings, Balanced and Growth investment options are not available for **ROB** policies.

### Section 3 – Change of name/Change of address

Please alter your records to show my new name and/or address/es, as recorded above in Section 1, 'Personal details'.  
For change of name, please sign your old and new signatures for verification and our records.

Old signature

New signature

**Please ensure this form is signed and dated overleaf. Please attach evidence of name change, such as certified copy of your Marriage Certificate, etc. We cannot accept a fax for your name change.**

## Section 4 – Nominated beneficiary

Please tick (✓) the appropriate box, complete details and sign in Section 5.

- I wish to nominate a beneficiary on my policy (Please read 'Important information about beneficiary nominations' below before you nominate a beneficiary) **and/or**
- I wish to revoke any previous beneficiary nomination made in respect of my policy.

### Important information about beneficiary nominations.

You can nominate **one** 'dependant' as a beneficiary to receive your benefit in the event of your death.

### Who is a dependant?

A dependant includes:

- A spouse\* (legal, de facto or former spouse);
- A child (includes an adopted child, stepchild, ex-nuptial child, a child of the person's spouse and someone who is a child of the person within the meaning of the Family Law Act 1975), under the age of 18;
- Any person who is financially dependent on you;
- Any person with whom you have an interdependency relationship.

### What is an interdependency relationship?

Two people are said to have an interdependency relationship if:

- They have a close personal relationship; and
- Live together; and
- One or each provides the other with financial support; and
- One or each of them provides the other with domestic support and personal care.

Two people who have a close personal relationship but who cannot satisfy all of the other requirements of an interdependency relationship because of a physical, intellectual or psychiatric disability, still have an interdependency relationship.

If the person whose name is specified below differs from a previous appointment made by you, the previous appointment(s) will be automatically revoked.

### Full name of beneficiary

### Relationship (please tick ✓ one)

- Spouse    Child    Financial dependant    Interdependent

\* This includes another person (whether of the same sex or different sex) with whom the person is in a relationship that is registered under a law of a State or Territory and this another person who, although not legally married to the person, lives with the person on a genuine domestic basis in relationship as a couple.

## Section 5 – Signature

1. If this form is signed under Power of Attorney, the attorney hereby 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 hereby make the appointment and/or revocation as provided for in Section 4 headed 'Nominated Beneficiary' (if applicable).
3. I declare that the information provided in this form is correct and complete.

Signature

Date

For any enquiries contact us on: 13 2015, between 8.30am and 6pm (AEST/AEDT), Monday to Friday.