



Change of Owner Death of Joint Policy Owner

Life Events Bond

KeyInvest Funeral Bond

Supersaver Bond Fund

Member Number

Policy Number

Date of Death

Details of the Deceased Policy Owner

Full Name

Date of Birth

Address

Suburb

State

Postcode

Country

Details of Surviving Joint Policy Owner

Full Name

Date of Birth

Address

Suburb

State

Postcode

Country

Home Phone

Work Phone

Email

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I have enclosed the following documents to support this request

Certified Copy of the Death Certificate

I acknowledge and understand that to the above named policy(ies) will be changed into my name only. Where this is a funeral policy I have elected to transfer the full Funeral Benefit to myself as the surviving owner. I acknowledge that the information I have supplied in this document is true and correct.

Signature of Joint Policy Owner

Date

Contact Details

Street Address:

KeyInvest
Level 5, 49 Gawler Place
Adelaide SA 5000

Postal Address:

KeyInvest
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Rundle Mall SA 5000

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