



Change of Name

Member Number

Policy Number

1. Change of Name

My name has changed from

Title

 Mr Mrs Ms Miss Dr Other

Surname/Company/
Trust Name

Given Names

To

Title

 Mr Mrs Ms Miss Dr Other

Surname/Company/
Trust Name

Given Names

New Signature

Previous Signature

Please attach supporting evidence (eg certified copy of marriage certificate or certified copy of Deed Poll etc).

Change of Name

2. Policy Owner(s) Contact Details

Policy Owner 1

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Dr	Other	<input type="text"/>
Surname/Company/ Trust Name	<input type="text"/>						
Given Names	<input type="text"/>						
Date of Birth	<input type="text"/>			Contact Number	<input type="text"/>		
If Company, ABN	<input type="text"/>						
Unit Number	<input type="text"/>	Street №	<input type="text"/>				
Street Name	<input type="text"/>				Suburb	<input type="text"/>	
State	<input type="text"/>	Postcode	<input type="text"/>	Country	<input type="text"/>		

Policy Owner 2

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Dr	Other	<input type="text"/>
Surname/Company/ Trust Name	<input type="text"/>						
Given Names	<input type="text"/>						
Date of Birth	<input type="text"/>			Contact Number	<input type="text"/>		
If Company, ABN	<input type="text"/>						
Unit Number	<input type="text"/>	Street №	<input type="text"/>				
Street Name	<input type="text"/>				Suburb	<input type="text"/>	
State	<input type="text"/>	Postcode	<input type="text"/>	Country	<input type="text"/>		

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3. Declaration

I/We the policy owner(s), whose signature(s) appear below, hereby understand/ acknowledge and agree as follows:

- I declare that the information on this form is true and correct and that the details have been completed by me/us.
- I/We consent to the collection, use, storage and disclosure of my personal information as described in KeyInvest's Privacy Policy which is available at our website keyinvest.com.au/privacy-policy/, or by calling KeyInvest.

Signature of Policy Holder 1

Date

Signature of Policy Holder 2

Date

4. Contact Details

Street Address:

KeyInvest
Level 5, 49 Gawler Place
Adelaide SA 5000

Postal Address:

KeyInvest
PO Box 3340
Rundle Mall SA 5000

Phone 1300 658 904

Email info@keyinvest.com.au

Web www.keyinvest.com.au

Hours 8.30am – 5.00pm (CST)