



## Change of Contact Details

Member Number

Policy Number

### 1. Policy Owner(s) Details

#### Policy Owner 1

Title

 Mr  Mrs  Ms  Miss  Dr  Other 

Surname/Company/  
Trust Name

Given Names

Date of Birth

Contact Number

If Company, ABN

#### Policy Owner 2

Title

 Mr  Mrs  Ms  Miss  Dr  Other 

Surname/Company/  
Trust Name

Given Names

Date of Birth

Contact Number

If Company, ABN

# Change of Contact Details

## 2. Change of Residential Address

### Previous Contact Details - Residential Address

Unit Number	<input type="text"/>	Street Nº	<input type="text"/>		
Street Name	<input type="text"/>			Suburb	<input type="text"/>
State	<input type="text"/>	Postcode	<input type="text"/>	Country	<input type="text"/>

### New Contact Details - Residential Address

Unit Number	<input type="text"/>	Street Nº	<input type="text"/>		
Street Name	<input type="text"/>			Suburb	<input type="text"/>
State	<input type="text"/>	Postcode	<input type="text"/>	Country	<input type="text"/>

## 3. Change of Postal Address

### Previous Postal Address

Unit Number	<input type="text"/>	Street Nº	<input type="text"/>	PO Box	<input type="text"/>
Street Name	<input type="text"/>			Suburb	<input type="text"/>
State	<input type="text"/>	Postcode	<input type="text"/>	Country	<input type="text"/>

### New Postal Address

Unit Number	<input type="text"/>	Street Nº	<input type="text"/>	PO Box	<input type="text"/>
Street Name	<input type="text"/>			Suburb	<input type="text"/>
State	<input type="text"/>	Postcode	<input type="text"/>	Country	<input type="text"/>

# Change of Contact Details

## 4. Change of Phone Number and/or Email Address

### Previous Contact Details

Home Phone	<input type="text"/>	Mobile	<input type="text"/>
Business	<input type="text"/>	Fax	<input type="text"/>
Email	<input type="text"/>		

### New Contact Details

Home Phone	<input type="text"/>	Mobile	<input type="text"/>
Business	<input type="text"/>	Fax	<input type="text"/>
Email	<input type="text"/>		

## 5. 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 on our website [keyinvest.com.au/privacy-policy/](http://keyinvest.com.au/privacy-policy/), or by calling KeyInvest.

### Signature of Policy Holder 1

Date

### Signature of Policy Holder 2

Date

## 6. 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)