



Change of Contact Details

Member Number

Policy Number

1. Policy Owner(s) 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	<input type="checkbox"/> Other
Surname/Company/ Trust Name						
Given Names						
Date of Birth	<input type="text"/>	<input type="text"/> Contact Number				
If Company, ABN						

Policy Owner 2

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Dr	<input type="checkbox"/> Other
Surname/Company/ Trust Name						
Given Names						
Date of Birth	<input type="text"/>	<input type="text"/> Contact Number				
If Company, ABN						

Change of Contact Details

2. Change of Residential Address

Previous Contact Details - Residential Address

Unit Number	Street №	
Street Name		Suburb
State	Postcode	Country

New Contact Details - Residential Address

Unit Number	Street №	
Street Name		Suburb
State	Postcode	Country

3. Change of Postal Address

Previous Postal Address

Unit Number	Street №		PO Box
Street Name			Suburb
State	Postcode		Country

New Postal Address

Unit Number	Street №		PO Box
Street Name			Suburb
State	Postcode		Country

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/, 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)