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).

KeyInvest Ltd ABN 74 087 649 474 AFSL 240 667 January 2021

Change of Name

2. Policy Owner(s) Contact 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											
Unit Number			Street №								
Street Name						Suburb					
State			Postcode			Country					

Policy Owner 2

Title		Mr		Mrs		Ms		Miss		Dr	Other
Surname/Company/ Trust Name											
Given Names											
Date of Birth						Contact Number					
If Company, ABN											
Unit Number			Street №								
Street Name						Suburb					
State			Postcode			Country					

Change of Name

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 3 North, 191 Pulteney Street 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)