

Change of financial adviser

Policy number(s) (please separate policy numbers with a comma)

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Please transfer all other policies under my ownership. (Please select with "X" if this applies)

1. Your personal details

Policy owner(s) / Company name/ SMSF name

Date of birth (DD/MM/YYYY)

Email address

Contact number

Address

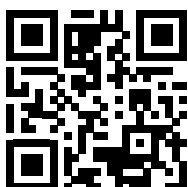
Policy owner(s) / Company name / SMSF name

Date of birth (DD/MM/YYYY)

Email address

Contact number

Address



Insurance is issued by Nippon Life Insurance Australia and New Zealand Limited ABN 90 000 000 402 AFSL 230694 (the Insurer). The Insurer is part of the Nippon Life Group. Any reference to 'Acenda', 'we', 'us' and 'our' means the Insurer.

2. Your new financial adviser's details

Name of Individual adviser/ Corporate business

Name of firm (licensee)

Adviser / Corporate business code

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Authorised representative number

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Contact telephone number (business hours)

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Email address

3. Your agreement and declaration

I authorise my adviser and all staff to gain information and access documents whilst the change of advisor is being processed.

For the policy number(s) listed in **Section 1**:

- I'm not receiving advice from my existing financial adviser
- I authorise Nippon Life Insurance Australia and New Zealand Limited (the Insurer) to change my financial adviser as detailed in **Section 2**
- my existing financial adviser will no longer be remunerated for advising me and will no longer have access to my information
- my new financial adviser will be responsible for advising me, will be remunerated for this advice and will have access to my information, and
- I'll advise the Insurer if I change or cancel my financial adviser or if there are any changes to my adviser remuneration arrangements.

If signed under Power of Attorney: Attorneys must attach a certified copy of the Power of Attorney if not already supplied. The Attorney hereby certifies that they have not received notice of any limitation or revocation of their Power of Attorney and is authorised to sign this form.

Power of Attorney documents can only be mailed. Emailed or faxed copies cannot be accepted.

Name of Policy owner(s) / Director / Trustee /
Legal representative

Name of Policy owner(s) / Director / Trustee /
Legal representative (if applicable)

Signature of Policy owner(s) / Director / Trustee /
Legal representative

	Date (DD/MM/YY)									

Signature of Policy owner(s) / Director / Trustee /
Legal representative (if applicable)

	Date (DD/MM/YY)									

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I am a sole director and/or company secretary

Send us your form

Please return your completed, signed and dated form to:

Acenda - Operations
PO Box 23455
Docklands VIC 3008

Email: adviser.servicing@acenda.com.au

If you have any questions, please speak with your financial adviser or call us on **13 65 25** between 8.30am and 6pm (AEST/AEDT) Monday to Friday.