Change of policy details form

Policy number

Policy number

Policy number

Policy number

Please PRINT and COMPLETE all relevant sections. Unless otherwise stated, all changes made on this form will be applied to the policy(ies) with the policy number(s) above.

Section 1: Current Policy Owner's/Member's details

Policy Owner 1/Member 1

Mr Mrs Miss Ms Other

First name

Middle name

Last name

Date of birth (DD/MM/YYYY)

Email

Home telephone

Business telephone

Mobile

Trust / Partnership / Company Name / Self Managed Super Fund

Trustee, individual, director or secretary

Residential address (your residential address can't be a PO Box)

Unit number

Street number

Street name

Suburb

State

Postcode

Country

The Trustee
Equity Trustees Superannuation Limited
ABN 50 055 641 757 AFSL 229757

The Fund
Smart Future Trust
ABN 68 964 712 340

The Insurer
Nippon Life Insurance Australia and New Zealand Limited
ABN 90 000 000 402 AFSL 230694

Insurance is issued by the Insurer. The Insurer is part of the Nippon Life Group.

Section 1: Current Policy Owner's/Member's details continued

Policy Owner 2 /Member 2 (if applicable)

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐

First name

Middle name

Last name

Date of birth (DD/MM/YYYY)

Email

Home telephone

Business telephone

Mobile

Section 2: Change your contact details

If you are updating a postal address, please also provide us with your new residential address as we are required to collect this information by law.

Residential address (your residential address cannot be a PO Box)

Unit number

Street number

Street name

Suburb

State

Postcode

Country

Postal address (the postal address shown cannot be your financial adviser's address.)

☐ Same as residential

Unit number

Street number

PO Box

Street name

Suburb

State

Postcode

Country

Email

Home telephone

Business telephone

Mobile

Section 3: Update your Tax File Number (TFN)

For products held in the Superannuation environment, premiums/contributions will not be accepted where the member fails to provide their TFN.

Tax File Number (TFN)

When collecting your TFN Nippon Life Insurance Australia and New Zealand Limited (the Insurer) and the Trustee are required to tell you:

- The Insurer and the Trustee are authorised to collect your TFN under the Superannuation Industry (Supervision) Act 1993
- It isn't an offence to decline to notify the Insurer and the Trustee of your TFN
- If you don't notify the Insurer and the Trustee of your TFN, they may not be able to (now or in the future) locate, amalgamate and identify your benefits in order to pay you
- The Insurer and the Trustee are allowed to use your TFN for lawful purposes, in particular if paying out monies, identifying and amalgamating super benefits for surcharge purposes and for other approved purposes, and
- Your TFN will be disclosed to the Commissioner of Taxation. Your TFN will also be passed onto another super provider if your benefits are being transferred, unless you inform the Trustee in writing not to pass on your TFN. Your TFN won't otherwise be disclosed to any other person.

Section 4: Premium contribution type

For products connected to your super account

Please specify the one type of premium contribution that will be made by you or on your behalf (tick one box only).

Personal Contributions:

- ☐ Personal
- ☐ Child
- ☐ Spouse
- ☐ Other

Employer Contributions:

- ☐ Super Guarantee
- ☐ Salary Sacrifice
- ☐ Award
- ☐ Employee Voluntary

Section 5: Change your name

Please provide an original certified copy of your marriage certificate, name change certificate or divorce decree.
For change of name we will need a separate form for each individual. Faxed copies are not acceptable.

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐

First name

Middle name

Last name

Please sign using your previous and new signatures below.

Previous signature

X

Date (DD/MM/YY)

New signature

X

Date (DD/MM/YY)

Section 6: Change your Authorised Representative

Please complete this section if you wish to appoint an Authorised Representative. An Authorised Representative is a person who can access your information on this policy. An Authorised Representative cannot transact on the policy and will stay in place indefinitely until a request to change is received in writing from you.

Do you wish to:

- ☐ Establish a **new** Authorised Representative on your policy.
- ☐ Replace an **existing** Authorised Representative on your policy.

Your Authorised Representative's details

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐

First name

Middle name

Last name

Date of birth (DD/MM/YYYY)

Email

Home telephone

Business telephone

Mobile

Acenda Customer Number (if existing customer)

Section 6: Change your Authorised Representative continued

Residential address

Unit number | Street number | Street name

Suburb | State | Postcode | Country

Signature of Authorised Representative

X Date (DD/MM/YY)

Section 7: Declaration

I understand and agree that:

- The details provided by me in this form are true and complete. If any sections of this form have not been completed in my handwriting,
  I certify that I have checked them and the information provided is correct.
- If I have nominated or changed my Authorised Representative for my policy I understand and accept the terms of that authorisation, and my responsibilities in respect of it.

Signature of Policy Owner / Member 1*

Name

X Date (DD/MM/YY)

Signature of Policy Owner / Member 2* (if applicable)

Name

X Date (DD/MM/YY)

*** For Policy Owner(s) of Acenda**

Signature of the parent or guardian is required if a Policy Owner is under 16 years of age.
In the case where the Policy Owner is a Company;

- Two directors or a director and company secretary are to sign; or
- In the case of a sole director proprietary company only, the sole director is to sign. However, the director must indicate that he/she is the sole director and sole secretary of the company.

☐ Sole Director and Sole Secretary (indicate by ticking box)

Section 8: Send us your form

Please return your completed, signed and dated form to:

Acenda - Operations
PO Box 23455
Docklands VIC 3008

Email: enquiries.retail@acenda.com.au

If you have any questions, please contact your financial adviser or call us on **136 525**, 8.30am to 6pm AEST, Monday to Friday.

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