# Change of personal details

**Acenda Insurance**
**Acenda Insurance (Super)**

Please PRINT and COMPLETE all relevant sections. Unless otherwise stated, all changes specified on this form will be applied to the policy(ies) where the policy number(s) have been provided below.

## 1. Your policy details

Policy number

Policy number

Policy number

Policy number

## 2. Current Policy Owner's/Member's details

**Policy Owner 1 / Member**

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

First name

Middle name

Last name

Date of birth (DD/MM/YYYY)

Email address

Home telephone

Business telephone

Mobile

Trust / Partnership / Company name / Self Managed Super Fund

Trustee, individual, director or secretary

Unit number

Street number

Street name

Suburb

State

Postcode

Country

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

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐

First name

Middle name

Last name

## 3. Change your contact details

Home telephone

Best contact time am/pm

Business telephone

Best contact time am/pm

Mobile phone number

Email address

## 4. Change your address

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/Company address**

**Your residential address cannot be a PO Box.**

Unit number Street number Street name

Suburb State Postcode Country

**Residential address (if different to residential address)**
**The postal address shown cannot be your financial adviser's address.**

PO Box number Unit number Street number Street name

Suburb State Postcode Country

## 5. Update your Tax File Number (TFN)

**Acenda Insurance (Super) only**

**Premiums will not be accepted where a 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.

## 6. 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

✗ Date (DD/MM/YY)

New signature

✗ Date (DD/MM/YY)

## 7. 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 address

Acenda Customer Number (if existing customer)

### Residential address

PO Box number

Unit number

Street number

Street name

Suburb

State

Postcode

Country

### Contact details

Home telephone

Business telephone

Mobile

### Signature of Authorised Representative

✗ Date (DD/MM/YY)

## 8. 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 in respect of my policy I understand and accept the terms of that authorisation, and my responsibilities in respect of that authorisation.

Name

Name

Signature of Policy Owner 1 / Member

X

Date (DD/MM/YY)

Signature of Policy Owner 1/Member (if applicable)

X

Date (DD/MM/YY)

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

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).

## 9. Send us your form

Please mail 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** any business day between 8.30 am and 6.00 pm (Melbourne/Sydney time).

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