

Changing your personal details

Use this form to change your name, address, email address, contact phone number or date of birth.

Please print in CAPITAL LETTERS and place a cross in any applicable boxes.

1. Your previous personal details

Investment account number

Title

Date of birth

D	D	M	M	Y	Y	Y	Y
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Surname

Given name(s)

Residential address

Suburb

State

Postcode

Contact phone number

Mobile number

2. Your change request

Change of name

Please complete your new name details in this section and attach appropriate documentation (eg certified copy of your marriage certificate or registration of change of name).

- Marriage
 Deed poll
 Adoption
 Divorce
 Other (please specify below)

Title

Surname

Given name(s)

Signature (previous)

Date

D	D	M	M	Y	Y	Y	Y
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2. Your change request (continued)

Change of address

Please complete your new address details in this section.

Residential address

Suburb

State

Postcode

Country

Change of email address

Please complete your new email address in this section.

Email

Change of phone number

Please complete your new phone or fax number in this section.

Contact phone

Fax

Change of date of birth

Please complete your new date of birth details in this section and attach appropriate documentation (eg certified copy of birth certificate, licence or passport).

Date of birth

D	D	M	M	Y	Y	Y	Y
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3. Authority and signature

I declare that all the details in this form are true and correct.

If you are signing as a trustee:

- I warrant that, at the time of signing, I am authorised under the relevant trust deed to apply and to do all things necessary as a result of becoming a unitholder.

If you are signing under Power of Attorney:

- I verify that, at the time of signing, I had not received notice of revocation of that Power of Attorney. In the event that a certified copy of the Power of Attorney has not been previously provided, I must submit this with the completed form.

3. Authority and signature (continued)

Investor A

Title

Surname

Given name(s)

Power of Attorney

Signature of account holder

Date

Investor B

Title

Surname

Given name(s)

Power of Attorney

Signature of account holder

Date

Where to send this form

Mail (no stamp required), fax or email the completed form to:

Flexible Lifetime – Investments

Reply Paid 79281
PARRAMATTA NSW 2124

02 8837 7860

trustinfo@amp.com.au

Any questions?

133 267 (133 AMP)

Office/Planner use only

Client number

Request ID

Planner ID