Advance Personal Protection Package

Insurance Account Amendment

ADVANCE ASSET MANAGEMENT

Insurer: Westpac Life Insurance Services Limited ABN 31 003 149 157

Trustee: BT Funds Management Limited ABN 63 002 916 458

Insurance cover through Advance Personal Protection Package (APPP) is offered by BT Funds Management Ltd ABN 63 002 916 458 AFSL 233724 ('BTFM' or 'the Trustee') and Westpac Life Insurance Services Limited ABN 31 003 149 157 (the Insurer) is the issuer of this cover under the relevant Master Policy held by the Trustee.

Use this form if you wish to change your contact details or name, reduce or cancel your insurance cover, or change your payment details or adviser details.

TO AVOID ANY DELAY IN PROCESSING YOUR AMENDMENT, PLEASE ENSURE YOU DO THE FOLLOWING.

- ☐ Complete all the relevant sections, sign and date this form.
- ☐ Attach any required documentation as outlined in the relevant section.
- ☐ Send it to us by either:
  - > mail: Advance Asset Management GPO Box B87 Perth WA 6838
  - > email: investorservices@advance.com.au

Please do not email this form if you are requesting for a change of name (section 3).

Note: Do not send us the original copy as well if you are sending this form by email.

Questions? Please call Customer Relations on **1800 819 935** or email **investorservices@advance.com.au**

THIS SYMBOL INDICATES YOU NEED TO GIVE US MORE INFORMATION.

1. ACCOUNT DETAILS

Account number

Life insured name

2. CHANGE OF CONTACT DETAILS

Residential address

	State	Postcode

Postal address (if different from residential address)

	State	Postcode

Email

Phone (home)

Phone (mobile)

3. CHANGE OF NAME

Please **post** with this form a certified copy of your change of name evidence (eg Marriage Certificate, Deed Poll).

Note: Emailed copy will **not** be accepted.

Change my name to:

Title

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Surname

Given name(s)

Certification of personal documents

All copied pages of ORIGINAL documents (including any linking documents) need to be certified as true copies. This certification can be made by any person authorised to take statutory declarations in the State in which the documents are certified. This person must sight the original and the copy, make sure both documents are identical and make sure all pages have been certified as true copies by writing or stamping 'certified true copy' followed by their signature, printed name, qualification (eg Justice of Peace, solicitor, pharmacist, police officer , etc) and date.

4. REDUCTION OF INSURANCE COVER AMOUNT(S)

Please enter the amount of cover you wish to reduce to.

Insurance cover type	New amount of cover
Life Protection	$ (Minimum $50,000)
Total & Permanent Disablement Protection[1]	$ (Minimum $50,000)
Salary Continuance	$ (Minimum $1,000 per month) Reduce Benefit Period to: $ ☐ 2 years Increase Waiting Period to: $ ☐ 60 days ☐ 90 days

1 If the Total & Permanent Disablement (TPD) cover is held in combination with Life Protection (Life & TPD Protection), TPD cover amount cannot exceed the Life Protection cover amount.

To increase your insurance cover amount(s), please complete the **application** available from your financial adviser or by calling Customer Relations on **1800 819 935**

5. CANCELLATION OF INSURANCE

Please indicate the insurance cover you wish to cancel by ticking (✓) the appropriate box below.

- ☐ Life Protection
- ☐ TPD Only
- ☐ Life & TPD Protection
- ☐ Salary Continuance

6. CHANGE OF ADVISER DETAILS

I authorise Advance Asset Management to change the financial adviser on my insurance cover to my new financial adviser whose details are listed below. This authorisation revokes my previous financial adviser's right to information relating to my account and now authorises Advance Asset Management to provide information relating to my account.

Dealer name

Adviser's name

Adviser's phone (business)

Adviser's Phone (mobile)

Adviser's code

B A

7. DECLARATION AND SIGNATURE

Privacy

By completing this form you consent to any personal information, including information that may be of a sensitive nature we or the Insurer may collect about you in the normal course of our and the Insurer's business, being used as outlined in our and the Insurer's respective Privacy Policies. These policies are designed to protect your interests and are consistent with the requirements of the Privacy Act. A copy of the Insurer's privacy policy can be obtained from www.bt.com.au. Please refer to the PDS for information on our privacy statement.

Signature of Life Insured

Date

Name of Life Insured

CONTACT CENTRE
1800 819 935

EMAIL ADDRESS
investorservices@advance.com.au

INTERNET ADDRESS
advance.com.au

CORRESPONDENCE AND ENQUIRIES
Advance Asset Management
GPO Box B87
Perth WA 6838

ADVANCE
ASSET MANAGEMENT