

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	\$ <input type="text"/> (Minimum \$50,000)
Total & Permanent Disablement Protection ¹	\$ <input type="text"/> (Minimum \$50,000)
Salary Continuance	\$ <input type="text"/> (Minimum \$1,000 per month)

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 STANDARD APPLICATION AND FULL PERSONAL STATEMENT OR SHORT FORM APPLICATION AVAILABLE FROM YOUR FINANCIAL ADVISER OR BY CALLING OUR CUSTOMER RELATIONS TEAM ON 1800 819 935.

5. CANCELLATION OF INSURANCE

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

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

6. CHANGE OF ADVISER DETAILS

I authorise Advance 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 to provide information relating to my account, and pay adviser remuneration, to my new financial adviser.

Dealer name

Adviser's name

Adviser's phone (business)

Adviser's phone (mobile)

Adviser's email

Advance adviser's code

ADVISERS MUST SIGN AND DATE THIS FORM

Signature of Adviser

Date (dd/mm/yy)

Adviser's stamp (please use black ink only)

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.aia.com.au. A copy of Advance Privacy Policy can be obtained from advance.com.au.

Signature of Life Insured

Date (dd/mm/yy)

Name of Life Insured

SEND THIS COMPLETED FORM TO:

By Post: Advance Asset Management
GPO Box B87
Perth WA 6838

By Fax: 08 9481 4318

FOR FURTHER ASSISTANCE CONTACT:

CUSTOMER RELATIONS
1800 819 935

FAX
08 9481 4318

EMAIL ADDRESS

investorservices@advance.com.au

INTERNET ADDRESS

advance.com.au

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