



# Change of Details Form Non-superannuation products only

Please fill out this form in capital letters using a black or blue pen.

## 1. PERSONAL DETAILS

Policy Number	<input type="text"/>				
Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Other <input type="text"/>
Surname	<input type="text"/>		Given name	<input type="text"/>	
Date of birth	<input type="text" value="DD / MM / YYYY"/>				
Residential address	<input type="text"/>				
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>
Country	<input type="text"/>				
Mailing address	<input type="text"/>				
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>
Country	<input type="text"/>				
Home phone number	<input type="text"/>	Work phone number	<input type="text"/>		
Mobile phone number	<input type="text"/>				
Email address	<input type="text"/>				

We will update our records to reflect the address and contact details you have supplied on this form if they are different from the ones we have on record.

## 2. CHANGE OF NAME

To request a change of name on your account, please provide the details below and provide documentary evidence such as a certified copy of your marriage certificate, divorce certificate, deed poll or change of name certificate from the relevant registration office for births deaths and marriages in your state or territory.

Previous name	<input type="text"/>	New Name	<input type="text"/>
Previous signature	<input type="text"/>	New signature	<input type="text"/>

### 3. INSURANCE COVER CANCELLATION

Please complete this section if you would like to cancel your insurance cover.  
Please indicate below the insurance cover you want to cancel:

Total Permanent Disability only       Death and Total Permanent Disability       Death (if you have 'Death Only' cover)

### 4. ADVISER CHANGES

Please complete this section if you want to remove and/or change your current servicing financial adviser.

I want to remove the below financial adviser(s) currently servicing my policy

1. Adviser's full name   
2. Adviser's full name (if applicable)

Please complete this section if you want to remove and/or change your current servicing financial adviser.

I want to appoint the below financial adviser\* to service my policy

New servicing adviser's full name   
New servicing adviser's number\*\*

\* Your current adviser remuneration arrangement will continue under your new financial adviser unless you request otherwise.  
\*\*Please ask your new adviser for their TAL adviser number.

Please contact us if you want to appoint more than one financial adviser to service your policy or to change your adviser remuneration arrangement.

### 5. AUTHORISED REPRESENTATIVE

Please complete this section if you want to nominate an Authorised Representative. The following person(s), in addition to yourself (and your servicing financial adviser), are authorised to access information in relation to your TAL account. Please note this nomination will replace any existing nomination you have made.

1. Authorised representative name

Complete the below date if you want to limit the duration of this authority. Otherwise, this authority will be valid until you revoke it.

This authority is valid until: Date

Authorised representative signature

2. Authorised representative name

Complete the below date if you want to limit the duration of this authority. Otherwise, this authority will be valid until you revoke it.

This authority is valid until: Date

Authorised representative signature

## 6. DIRECT DEBIT

Please complete this section if you want to cancel or modify your direct debit arrangement with TAL.

<input type="checkbox"/> Cancel my direct debit*	OR	<input type="checkbox"/> Modify my direct debit amount to	<input type="text" value="\$"/>
<input type="checkbox"/> Before the next billing date**	OR	<input type="checkbox"/> From this date**	<input type="text" value="DD / MM / YYYY"/>

- \* If you cease regular contributions, additional charges and fees may be incurred. Please refer to your policy document or call us for more information.
- \*\* You should provide us with at least fourteen (14) days' notice to cancel or modify your direct debit arrangement. If you're unsure about your next billing date, please call us.

## 7. PRIVACY

The Privacy of TAL customers is important and TAL is bound by obligations imposed by current privacy laws including the Australian Privacy Principles.

The way in which TAL collects, uses, secures and discloses your personal information is set out in the TAL Privacy Policy available at [www.tal.com.au/Privacy-Policy](http://www.tal.com.au/Privacy-Policy) or free of charge on request to TAL using the contact details below.

Call: 1300 209 088

Fax: 1300 351 133

Email: [customerservice@tal.com.au](mailto:customerservice@tal.com.au)

Website: [www.tal.com.au](http://www.tal.com.au)

Mail: GPO Box 5380, Sydney NSW 2001

If you want to know more about our approach to privacy, you can contact our Privacy Officer. In addition, the website of the Office of the Australian Information Commissioner at [www.oaic.gov.au](http://www.oaic.gov.au) also contains a great deal of useful information about privacy matters, although TAL is not responsible for the content on that website.

TAL may collect, use or disclose your personal and sensitive information to assess, verify and process an insurance policy application or to process a claim.

Your information may be collected from or disclosed to other entities under current privacy legislation and these may include medical practitioners, health professionals, employers, superannuation trustees and their administrators where relevant, reinsurers, accountants, lawyers and Government departments where authorised or required by law.

## 8. POLICY OWNER/MEMBER DECLARATION

Please read the following acknowledgements and declarations carefully and sign at the end of this section:

If I am applying to cancel my insurance cover in section 3:

- I understand my insurance cover will cease once TAL receives my written request
- I understand that I may not apply to reinstate the insurance cover linked to my policy at a later stage.

If I have changed my servicing financial adviser's details in section 4, I agree to the same remuneration arrangement continuing under my new servicing financial adviser.

If I am nominating an Authorised Representative to access information in relation to my TAL account:

- I authorise TAL to provide the Authorised Representative(s) nominated in section 5 with details of my TAL account
- I understand that this authority does not allow the Authorised Representative to change my details or carry out any transaction on my behalf
- I acknowledge that TAL is not responsible for any loss or/and liabilities which may result from TAL providing information to my Authorised Representative
- I agree to my information being used in accordance with TAL's Privacy Policy
- I acknowledge that I can revoke this Authority at any time by writing to TAL

If I am cancelling or modifying my direct debit arrangement, I understand that the change will take effect once TAL processes this request or from the date I indicated in section 6.

Signature

Date

## 9. CONTACT DETAILS

### TAL Customer Service Consultants

**Call 1300 208 088**

Monday to Friday 8.00am - 7.00pm (AEST/AEDT)

Email: [customerservice@tal.com.au](mailto:customerservice@tal.com.au)

Website: [www.tal.com.au](http://www.tal.com.au)

Please return your completed Form and any supporting paperwork to:

TAL Life Limited

GPO Box 5380

SYDNEY NSW 2001