DIVERSA

GROUP

Diversa Group Life Pool - Change of Details Form

Use this form if you wish to update any personal member and/or life insured details. If you wish to makes changes that are not outlined below, please contact us on 1300 734 359 for further information.

Current Membership Details

Member Number:_____ Title:_____ Given Name(s):_____

Surname:_____ Phone:_____

SMSF / Company Name:_____

Mailing Address:_____

Suburb:_____ State:_____ Postcode:_____

Email :_____

Life Insured Details

Title:_____ Given Name(s):_____ Surname:_____

Phone:_____ Email :_____

Residential Address:_____

Suburb:_____ State:_____ Postcode:_____

Occupation: _____

Smoker *: _____ D.o.B *:_____ Sex *: _____

Note * Indicates further documentation will be required. We will contact you and provide you with the relevant forms to complete for these changes to be processed.

Member Declaration:

I declare that:

- The information I have provided and any associated documentation in support of the changes advised in this form are, to the best of my knowledge, true and accurate;
- I understand that my record kept by the Diversa Group Life Pool will reflect the information in this form;
- I will immediately notify the Diversa Group Life Pool if any of my personal details change in the future;
- I understand and accept the information contained in this form may be shared with representatives, advisers and service providers of the Diversa Group Life Pool; and
- The information provided in this form could potentially alter my entitlement eligibility and insurance arrangements.

Member's Signature:_____ Date:_____/_____/_____

If you have any questions regarding this form or your membership, please contact us on 1300 734 359

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