

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 make changes that are not outlined below, please contact us on 1300 734 359 for further information.

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 records 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