

Change of financial adviser form

Please complete this form if you want to appoint a new financial adviser to your ClearView life insurance policy/policies. This means your existing financial adviser will no longer have access to these policies and may no longer be remunerated for them in full or in part.

This form must be signed by the policy owner/owners. If the policy is owned by HTFS Nominees Pty Limited, the person insured must sign this form.

Upon receipt, we will notify your existing financial adviser and action this transfer 10 business days after this date. We will provide confirmation to your new financial adviser once this has been completed.

Your ClearView life insurance policy details

Policy number/s

Full name of policy owner 1/trustee 1/director 1

Date of birth of policy owner 1

Full name of policy owner 2/trustee 2/director 2

Date of birth of policy owner 2

New financial adviser details

Full name of financial adviser

Email address

Contact number

ClearView financial adviser number

Dealer group

Signature of financial adviser

Date

Declaration of the policy owner

I confirm that I have read and understood the consequences (listed below) of my decision to change my financial adviser for the specified policies.

I understand that my existing financial adviser:

- will no longer have access to my policies
- may no longer be remunerated in full or in part for these policies, and
- will no longer be responsible for providing me with advice relating to these policies.

I understand that my new financial adviser:

- will have access to my policies, including my personal information
- where applicable, will be remunerated for these policies, and
- will be responsible for providing me with advice relating to these policies.

I understand that ClearView recommends that I carefully consider the appointment of a new financial adviser unless the existing financial adviser has failed to deliver the services required or the new financial adviser has substantiated their ability

to look after my financial needs with respect to my policies in a proper and prudent manner.

For any policies where I am not the person insured, I confirm that the person insured has given consent for the new financial adviser to access the policies, including their personal information.

Signature of policy owner 1/trustee 1/director 1

Date

Signature of policy owner 2/trustee 2/director 2

Date



If there is more than one policy owner, this declaration must be signed by all policy owners. For company or trustee owned policies, this declaration must be signed by the original signatories to the policy. If the directors or trustees have changed, please provide the appropriate evidence.

Important information about your privacy

The privacy of our customers is important and we are bound by obligations imposed by privacy laws, including the Australian Privacy Principles under the Privacy Act 1988 (Cth).

The way in which ClearView collect, use, secure and disclose your personal information is explained in our Privacy Policy. ClearView's Privacy Policy is available at clearview.com.au or by contacting ClearView on **1800 265 744**. The Trustee's privacy policy is available at eqt.com.au/global/privacystatement or by contacting the Trustee's Group Privacy Officer on (03) 8623 5000.

Sending your form

Please send the form to us via email or mail.

Mailing address:

ClearView
Reply Paid 4232
Sydney NSW 2001

Email address:

clearviewlife.maintenance@clearview.com.au

If you have any questions or need help please call our Service Centre on **132 979**.

ClearView Life Assurance Limited ABN 12 000 021 581 AFSL 227682 (ClearView). HTFS Nominees Pty Limited: ABN 78 000 880 553, AFSL 232500, RSE Licence No L0003216 as trustee of the HUB24 Super Fund, ABN 60 910 190 523, RSE R1074659. clearview.com.au