

Change of Details Form

Please use this form to make changes to personal details on your account. You only need to complete sections A, D and any other sections relevant to changes. All other details we currently hold for your account will remain the same.

Fields marked with an asterisk (*) must be completed in order for us to action your request.

The information collected on this form is governed by the ClearView Information Handling Policy which is available on www.clearview.com.au.

Did you know that you can update your email, contact numbers and address online or by calling us on 132 977?

Dia you know that you can update your email, contact numbers an	a dadress of time of by calling as off 132 977!
A. Customer details My ClearView Savings Bond My ClearView Managed Investment account *Title Mr Mrs Ms Miss Dr Other *Given name(s) Note: If you have more than one account you'd like updated p in this form to each account. B. Change of address/contact details Please note: we are unable to accept your financial adviser's of New postal address	(e.g. TSAV / 100000) *Gender *Date of birth Male Female *Surname lease specify the account details above. We'll make the changes
Street number and name or PO Box	
Suburb	State Postcode
Country (if other than Australia)	
New residential address (cannot be a PO Box address) Please tick if same as postal address. Street number and name	
Suburb Country (if other than Australia)	State Postcode



Home number ()	Work number ()	
Mobile		
Email		
C. Change of name		
	ne below and attach an original certified copy showing your change of Certificate or Divorce Certificate. This will need to be sent to us by post.	
Title		
Mr Mrs Ms Miss Dr Other		
First name(s)		
Surname		
Original signature of customer	New signature of customer	
X	×	
Date D D M M Y Y Y Y		
D. Customer declarations and signature		
By signing this form, I:		
declare that all the details given in this form are true and correct; and		
 declare that, if signing under a power of attorney, I revocation of that power. 	verify that, at the time of signing, I have not received notice of	
Signature of customer	Date	
X	D D M M Y Y Y Y	
Customer full name (print clearly in block letters)		
Note: If signing under a power of attorney, please prov	ide an original certified copy of the power of attorney	
Sending your form		
Please send the form to us via email or mail. If you	amail original certified copies of documents	
please also send them by post.	ernali original certified copies of documents,	
Mailing address: Email addres		
ClearView Wealth client.wealth Reply Paid 4232	h@clearview.com.au	
Sydney NSW 2001		
If you have any questions or need help please call our Service Centre on 132 977 .		