

# Advance Personal Protection Package

## Insurance Account Amendment

Insurer: AIA Australia Limited (AIA) ABN 79 004 837 861

Trustee: BT Funds Management Limited ABN 63 002 916 458

Insurance cover through Advance Personal Protection Package (APPP) is offered by BT Funds Management Ltd ABN 63 002 916 458 AFSL 233724 ('BTFM' or 'the Trustee') and AIA Australia Limited (AIA) ABN 79 004 837 861 is the insurer of this cover under a Master Policy held by the Trustee.

Use this form if you wish to change your contact details or name, reduce or cancel your insurance cover, or change your payment details or adviser details.

### TO AVOID ANY DELAY IN PROCESSING YOUR AMENDMENT, PLEASE ENSURE YOU DO THE FOLLOWING.

- Complete all the relevant sections, sign and date this form.
- Attach any required documentation as outlined in the relevant section.
- Send it to us by either:
  - > mail: Advance Asset Management GPO Box B87  
Perth WA 6838
  - > email: [investorservices@advance.com.au](mailto:investorservices@advance.com.au)

Please do not email this form if you are requesting for a change of name (section 3).

Note: Do not send us the original copy as well if you are sending this form by email.

Questions? Please call Customer Relations on **1800 819 935** or email [investorservices@advance.com.au](mailto:investorservices@advance.com.au)

**!** THIS SYMBOL INDICATES YOU NEED TO GIVE US MORE INFORMATION.

### 1. ACCOUNT DETAILS

Account number

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Life insured name

### 2. CHANGE OF CONTACT DETAILS

Residential address

<input type="text"/>		
<input type="text"/>		
<input type="text"/>	State	Postcode

Postal address (if different from residential address)

<input type="text"/>		
<input type="text"/>		
<input type="text"/>	State	Postcode

Email

Phone (home)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Phone (mobile)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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### 3. CHANGE OF NAME

**i** Please **post** with this form a certified copy of your change of name evidence (eg Marriage Certificate, Deed Poll).

**i** Note: Emailed copy will **not** be accepted.

Change my name to:

Title

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="checkbox"/>	<input type="text"/>
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Surname

Given name(s)

### Certification of personal documents

All copied pages of ORIGINAL documents (including any linking documents) need to be certified as true copies. This certification can be made by any person authorised to take statutory declarations in the State in which the documents are certified. This person must sight the original and the copy, make sure both documents are identical and make sure all pages have been certified as true copies by writing or stamping 'certified true copy' followed by their signature, printed name, qualification (eg Justice of Peace, solicitor, pharmacist, police officer, etc) and date.

### 4. REDUCTION OF INSURANCE COVER AMOUNT(S)

Please enter the amount of cover you wish to reduce to.

Insurance cover type	New amount of cover
Life Protection	\$ <input type="text"/> (Minimum \$50,000)
Total & Permanent Disablement Protection <sup>1</sup>	\$ <input type="text"/> (Minimum \$50,000)
Salary Continuance	\$ <input type="text"/> (Minimum \$1,000 per month) Reduce Benefit Period to: <input type="checkbox"/> 2 years Increase Waiting Period to: <input type="checkbox"/> 60 days <input type="checkbox"/> 90 days

<sup>1</sup> If the Total & Permanent Disablement (TPD) cover is held in combination with Life Protection (Life & TPD Protection), TPD cover amount cannot exceed the Life Protection cover amount.

**i** To increase your insurance cover amount(s), please complete the **application** available from your financial adviser or by calling Customer Relations on **1800 819 935**

