



## Change of financial adviser

Use this form to notify us of a change to your financial adviser on your OnePath policy. This request will be processed only upon the receipt of a fully completed form.



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1 Personal details	
Last name	
Given name	
Date of birth / /	
2 Policy details	
Please provide the policy numbers to be transferred to your new	financial adviser.
Policy 1	
Policy 2	
Policy 3	
If you have more policies to be transferred, please attach a separa	ate list.
3 Financial adviser details	
Name of new adviser you are appointing	
Name of Licensee/firm	
Adviser number, if known	
Phone number	Email
Your change of adviser request does not take effect until processe	ed by OnePath.
<ul> <li>4 Policy owner declaration</li> <li>I agree that, when the change takes effect, for the policies listed</li> <li>my existing financial adviser will no longer have authority to</li> <li>my new appointed adviser will have authority to act on my b</li> <li>OnePath is not responsible for any financial advice and I und of who I obtain financial advice from.</li> </ul>	act on my behalf or have access to my policy information
Name of Policy owner 1	
Signature of Policy owner 1	Date
×	/ /
Name of Policy owner 2 (if applicable)	
Signature of Policy owner 2	Date

## Privacv

OnePath is bound by the Privacy Act 1988 (Cth). In completing the forms or questions herein you will be providing us with your personal and, perhaps, sensitive information. The collection and management of this information is governed by the Privacy Act 1988. For a more detailed explanation of OnePath's Privacy Policy please visit our website at www.onepath.com.au or contact OnePath on 1800 646 706 or email us at insurancefeedback@onepath.com.au.

## Any questions? Call 1800 646 706

Please return the completed form to us:

By post to OnePath Life Limited, Customer Care, Locked Bag 994, North Sydney NSW 2059 Or by email to: client.service@zurich.com.au