



# BT Protection Plans Request to Change Name

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## GENERAL NOTICE

Please use this form to change the name of a Policy Owner or an Insured Person on a BT Protection Plans policy.

Please note the following before completing this form:

- if you have multiple policy numbers, please complete a separate Request to Change Name form for policies with different Policy Owners
- if you wish to change the ownership on a policy, please contact your financial adviser or call us on 1300 553 764
- to change the name on policies held through a Panorama platform, please contact your financial adviser or call us on 1300 553 764.

Policy number(s)

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Portfolio number(s)

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Adviser number(s)

<input type="text"/>	<input type="text"/>	<input type="text"/>
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## IMPORTANT INFORMATION

Before you complete this form, please read the following sections of the BT Protection Plans Product Disclosure Statement and Policy Document (PDS):

1. 'Privacy Information'; and
2. 'Answering our questions – Your responsibility'.

## DETAILS OF THE INSURED PERSON/POLICY OWNER

### Details before name change

Title

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Dr <input type="checkbox"/>	Mx <input type="checkbox"/>	Other (please specify) <input type="text"/>
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Given name(s)

<input type="text"/>
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Surname

<input type="text"/>
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### Details after name change

Title

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Dr <input type="checkbox"/>	Mx <input type="checkbox"/>	Other (please specify) <input type="text"/>
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Given name(s)

<input type="text"/>
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Surname

<input type="text"/>
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**CONTACT DETAILS OF THE POLICY OWNER**

Postal address

Suburb		State	Postcode

Home phone number

Work phone number

Mobile phone number

**REASON FOR CHANGE OF NAME**

Please cross (x) the relevant box and attach a certified copy of the document(s) as proof of the change of name (at least one document must be provided)

Reason for Change	Documents to be provided
<input type="checkbox"/> Marriage	<ul style="list-style-type: none"> <li>• Marriage Certificate registered by the Births, Deaths &amp; Marriages Registration Office; or</li> <li>• Change of Name Certificate issued by the Births, Deaths &amp; Marriages Registration Office; or</li> <li>• Registered Deed Poll Certificate</li> </ul>
<input type="checkbox"/> Divorce	<ul style="list-style-type: none"> <li>• Divorce Decree Absolute; or</li> <li>• Change of Name Certificate issued by the Births, Deaths &amp; Marriages Registration Office; or</li> <li>• Registered Deed Poll Certificate</li> </ul>
<input type="checkbox"/> Deed Poll	<ul style="list-style-type: none"> <li>• Registered Deed Poll Certificate</li> </ul>
<input type="checkbox"/> Change of Company/Trust Name	<ul style="list-style-type: none"> <li>• Document(s) evidencing change of company/trust name</li> </ul>
<input type="checkbox"/> Change of Trustee Name	<ul style="list-style-type: none"> <li>• Document(s) evidencing change of trustee name</li> </ul>
<input type="checkbox"/> Other	<ul style="list-style-type: none"> <li>• Please specify the reason for the change of name in the space provided below:</li> </ul>

**DECLARATION**

I, the Insured Person/Policy Owner declare that the information supplied by me is true and correct in every particular.

Name of Policy Owner

Signature before name change

Signature after name change

Date (dd/mm/yyyy)

**Only complete the following section if the Policy Owner is different to the above.**

Name of Policy Owner 1

Signature

Date (dd/mm/yyyy)

Name of Policy Owner 2

Signature

Date (dd/mm/yyyy)