

## 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.



1 Personal details  Last 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 tran	nsferred, please attach a separate list.
3 Financial adviser det	ails
Name of new adviser you are app	ointing
Name of Licensee/firm	
Adviser number, if known	
Phone number	Email
Your change of adviser request doe	es not take effect until processed by OnePath.
4 Policy owner declara	tion s effect, for the policies listed in section 2:
<ul> <li>my new appointed adviser wil</li> </ul>	vill no longer have authority to act on my behalf or have access to my policy information  I have authority to act on my behalf and have access to my policy information  any financial advice and I understand that this may affect any existing arrangements I currently have in terms be from.
Name of Policy owner 1	

## Privacy

Signature of Policy owner 1

Signature of Policy owner 2

Name of Policy owner 2 (if applicable)

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:

Date

Date

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