

Change of financial adviser form

Please complete this form if you want to appoint a new financial adviser to your ClearView life insurance policy/policies. This means your existing financial adviser will no longer have access to these policies and may no longer be remunerated for them in full or in part.

This form must be completed by the policy owner/owners or the person insured where the policy is owned by ClearView Life Nominees Pty Ltd.

Upon receipt, we will action this transfer request within 10 business days, unless otherwise required by law. We will notify your existing financial adviser of the transfer and provide you and your new financial adviser confirmation once this has been completed.

Your ClearView life insurance policy details

Policy number

Policy owner

New financial adviser details

Full name of financial adviser

Email address

Contact number

ClearView financial adviser number

Dealer group

Financial adviser signature

Date

Declaration of the policy owner (or person insured if the policy is owned by ClearView Life Nominees Pty Ltd)

I confirm that I have read and understood the consequences (listed below) of my decision to change my financial adviser for the specified policies.

I understand that my existing financial adviser:

- will no longer have access to my policies
- may no longer be remunerated in full or in part for these policies, and
- will no longer be responsible for providing me with advice relating to these policies.

I understand that my new financial adviser:

- will have access to my policies, including my personal information
- where applicable, will be remunerated for these policies, and
- will be responsible for providing me with advice relating to these policies.

I understand that ClearView recommends that I carefully consider the appointment of a new financial adviser unless the existing financial adviser has failed to deliver the services required or the new financial adviser has substantiated their ability to look after my financial needs with respect to my policies in a proper and prudent manner.

For any policies where I am not the person insured, I confirm that the person insured has given consent for the new financial adviser to access the policies, including their personal information.

Full name of policy owner 1

Signature of policy owner 1

Date

Full name of policy owner 2

Signature of policy owner 2

Date



If there is more than one policy owner, this declaration must be signed by all policy owners.

Important information about your privacy

The privacy of our customers is important and we are bound by obligations imposed by privacy laws, including the Australian Privacy Principles under the *Privacy Act 1988* (Cth).

The way in which we collect, use, secure and disclose your personal information is explained in our Information Handling Policy. If you would like a copy please call us on 1800 357 727 or refer to our website at www.clearview.com.au.

Sending your form:

Mail

ClearView
GPO Box 4232
Sydney NSW 2001

Email

clearviewlife.maintenance@clearview.com.au

Fax

(02) 9233 1960

Enquiries

132 976