

## Change of name and/or address

### 1. Policy details (complete in all cases)

Policy number

Policy owner one Surname

Given name(s)

Initial

Title




Email

Policy owner two Surname

Given name(s)

Initial

Title




Life insured Surname

Given name(s)

Initial

Title




Email

### 2. Complete this section for change of name

Change of name of life insured

Change of name of policy owner

Previous Surname

Given name(s)

Initial

Title




New Surname

Given name(s)

Initial

Title




Email

Reason for change of name (eg marriage, divorce etc.)

  


Please note that we require supporting documentation in relation to change of name. (eg. marriage certificate, change of name certificate). Photocopies must be certified as true and correct by a duly authorised person. If you are unsure about which documents to provide, or how to obtain certified copies, please contact our Customer Service Helpline on 132 979.

### 2. Complete this section for change of address

Previous address notices sent to

  


New address for notices

  


Residential address of life insured (if different from above)

  


Work phone no.

Home phone no.



Mobile phone no.

Email

## Privacy and your personal information

We are committed to ensuring the confidentiality and security of your personal information including sensitive information. All personal information will be handled in accordance with the Privacy Act.

### Collection, Use and Disclosure of your Personal Information

We need to collect, use and disclose your personal information including sensitive information or that of the Life Insured (if not you) in order to consider your application and to provide the cover you have chosen, administer the Policy and assess any claim. You or the Life Insured can choose not to provide us with some or all of your personal information including sensitive information, but this may affect our ability to provide the cover.

By providing your personal information including sensitive information or that of the Life Insured, you and the Life Insured acknowledge and declare that, and consent to, the following:

- we can collect and use your personal information including sensitive information for the following purposes: to assess any application; underwrite; price and issue any Policy; calculate or offer benefits and discounts; administer the Policy; to investigate, assess and pay any claim;
- for these purposes we can collect your personal information including sensitive information from, and disclose it on a confidential basis to: our related entities; outsource providers; government departments and agencies; investigators; lawyers; advisers; medical and health service providers; reinsurers; other insurers; anyone acting on our behalf; and the agent of any of these;
- where you provide personal information including sensitive information to us about another person, you are authorised to provide their information to us, and that you will inform that person who we are, how we use and disclose their information, and that they can gain access to that information (unless doing so would pose a serious threat to the life or health of any individual).

Further information on how we handle your personal information is explained in our Information Handling Policy, including how you can access your personal information. If you would like a copy of our Information Handling Policy or have any questions regarding privacy, please call us on **1800 357 727**.

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## Marketing

We are committed to providing you with access to a range of leading products and services.

In order to do this we will use your personal information to offer you other products and services. We may disclose your personal information on a confidential basis to our related entities within ClearView so that they can also offer you products and services.

By providing your personal information to us, you acknowledge that, and consent to:

- us collecting and using your personal information to contact you for market research and to provide you information and offers about products and services offered by us, our related entities, within ClearView and other organisations whose products and services we promote;
- us disclosing your personal information on a confidential basis for these marketing purposes to our related entities and to any agent of them; and
- you will inform us if you do not want your personal information to be used, or disclosed for these marketing purposes, by telephoning **1800 357 727**.

Signature of Policy owner one	
X	DATE / /
Signature of Policy owner two	
X	DATE / /

Send completed forms to:

**ClearView Life Assurance Limited**  
GPO Box 4232  
Sydney NSW 2001