



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

IMPORTANT INFORMATION

Before you complete this form, please read the following sections of the 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 Mrs Miss Ms Dr Mx Other

Given name(s)

Surname

Details after name change

Title Mr Mrs Miss Ms Dr Mx Other

Given name(s)

Surname

The insurer and issuer is TAL Life Limited ABN 70 050 109 450 AFSL 237848 (TAL Life) except for Term Life as Superannuation, Income Protection as Superannuation and Income Protection Assured as Superannuation, which are issued by Mercer Superannuation (Australia) Limited ABN 79 004 717 533 AFSL 235906 (MSAL) as trustee of the Mercer Super Trust ABN 19 905 422 981. MSAL does not guarantee the insurance. TAL is part of the TAL Dai-ichi Life Australia Pty Limited ABN 97 150 070 483 group of companies (TAL). MSAL is not part of the TAL group of companies. Any financial product advice is general in nature only and does not take into account any person's objectives, financial situation or needs. Before acting on it, the appropriateness of the advice for any person should be considered, having regard to those factors. Persons deciding whether to acquire or continue to hold life insurance issued by TAL Life should consider the relevant Product Disclosure Statement (PDS) available at tal.com.au. The Target Market Determination (TMD) for the product (where applicable) is also available at this web address.

CONTACT DETAILS OF THE POLICY OWNER

Postal address	<input type="text"/>				
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>
Home phone	(<input type="text"/>) <input type="text"/>	Mobile	<input type="text"/>	Work	(<input type="text"/>) <input type="text"/>

REASON FOR CHANGE OF NAME

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

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	<input type="text"/>	
Signature before name change	<input type="text" value="X"/>	
Signature after name change	<input type="text" value="X"/>	Date <input type="text" value="DD / MM / YYYY"/>

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

Name of Policy Owner 1	<input type="text"/>	
Signature	<input type="text" value="X"/>	Date <input type="text" value="DD / MM / YYYY"/>
Name of Policy Owner 2	<input type="text"/>	
Signature	<input type="text" value="X"/>	Date <input type="text" value="DD / MM / YYYY"/>

SUBMITTING THIS FORM

Please return your completed form and any supporting documents by either:

- TAL Life
GPO Box 5467
Sydney NSW 2001
- PPIinsurance@tal.com.au

CONTACTING TAL

- PPIinsurance@tal.com.au
- 1300 553 764
- tal.com.au