# **ADVISER TRANSFER REQUEST FORM**



#### How to complete and return this form

This form is writable, so you can save a copy to your computer, type in your responses, print, sign and then scan and email the completed form to customer@encompassprotect.com.au.

Please complete this form if you wish to change and/or remove your financial adviser in relation to your existing Encompass Protection policy.

If you don't have a financial adviser and would like assistance finding an adviser please contact us on 1300 476 030.

## **Policy owner details**

If you have two or more policies with different owners, then you must complete a separate form for each owner.

If your policy is owned by the Trustee of the Protect Super Plan, Diversa Trustees Limited, complete this section as the insured person.

Policy owner 1										
Name	Title	First name		Middle name	Last name					
Date of birth										
Contact details										
Email										
Telephone	Home		Mobile		Business hours					
Policy owner 2										
Name	Title	First name		Middle name	Last name					
Date of birth										
Contact details										
Email										
Telephone	Home		Mobile		Business hours					

## **Policy details**

Please only include policies for which you want the financial adviser to change.

Policy number	Insured person's full name	Insured person's date of birth
	First Middle Last	DD/MM/YY

New ad	lviser details			
Adviser name	e	Adviser code	)	
Adviser emai	I			
Adviser phone	Business hours	Mobile		Fax
Direction to	remove financial adviser			
	remove the current adviser from my policy. Un nother adviser.	nless I have completed the ab	oove section I c	do not wish to replace the current adviser
Privacy				
	Policy contains information about how you ma It also contains information about how you mo complaint.			
You may obto	ain a copy of our Privacy Policy from <b>encompa</b>	ssprotect.com.au/privacy-po	licy	
Declare	ation			
<ul><li>will not have</li><li>will not need</li></ul>	that once the adviser transfer is complete, my ve access to my policy(ies) ed to review my cover based on my needs; and remunerated for my Encompass Protection po	d		
<ul><li>have acce</li><li>be provide</li></ul>	I should seek advice in line with my changing ess to my policy(ies) ed with information in relation to my policy(ies); nuneration in relation to my policy(ies).		ay:	
-	ler Power of Attorney: Attorneys must attach a he/she has not received notice of any limitati	· •	-	
Policy Owner Full name (pla	er 1 (or Insured Person for policies owned	by Diversa Trustees Limite	d)	
ruii riame (pi	euse piiit)			
Signature	X		Date:	
Policy Owner	er 2			
Full name (pla	ease print)			
Signature	X		Date:	



#### encompassprotect.com.au

GPO Box 239, Sydney NSW 2001

e: adviser@encompassprotect.com.au t: 1300 576 049

Encompass Protection is issued by MLC Limited (MLC Life Insurance, the Insurer) ABN 90 000 000 402 AFSL 230694. NEOS Life (NEOS, the Administrator) is a registered business name of Australian Life Development Pty Ltd ABN 96 617 129 914 AFSL 502759. NEOS provides administration services (excluding the administration of claims) in relation to Encompass Protection on behalf of the Insurer.