

ADVISER TRANSFER  
REQUEST FORM

Encompass

PROTECTION

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
	First Middle Last	DD/MM/YY
	First Middle Last	DD/MM/YY
	First Middle Last	DD/MM/YY
	First Middle Last	DD/MM/YY

## New adviser details

Adviser name	<input type="text"/>	Adviser code	<input type="text"/>
Adviser email	<input type="text"/>		
Adviser phone	<input type="text"/>	Mobile	<input type="text"/>
	<input type="text"/>	Fax	<input type="text"/>

### Direction to remove financial adviser

☐ Please remove the current adviser from my policy. Unless I have completed the above section I do not wish to replace the current adviser with another adviser.

## Privacy

Our Privacy Policy contains information about how you may access personal information held by us and how you can seek correction of such information. It also contains information about how you may complain about a breach of the Australian Privacy Principles and how we will deal with such a complaint.

You may obtain a copy of our Privacy Policy from [encompassprotect.com.au/privacy-policy](https://encompassprotect.com.au/privacy-policy)

## Declaration

I understand that once the adviser transfer is complete, my existing adviser:

- will not have access to my policy(ies)
- will not need to review my cover based on my needs; and
- will not be remunerated for my Encompass Protection policy(ies).

I understand I should seek advice in line with my changing needs and my new adviser may:

- have access to my policy(ies)
- be provided with information in relation to my policy(ies); and
- receive remuneration in relation to my policy(ies).

**If signed under Power of Attorney:** Attorneys must attach a certified copy of the Power of Attorney if not already supplied. The Attorney hereby certifies that he/she has not received notice of any limitation or revocation of his/her Power of Attorney and is authorised to sign this form.

### Policy Owner 1 (or Insured Person for policies owned by Diversa Trustees Limited)

Full name (please print)

Signature

Date:  /  /

### Policy Owner 2

Full name (please print)

Signature

Date:  /  /



[encompassprotect.com.au](https://encompassprotect.com.au)

GPO Box 239, Sydney NSW 2001

e: [adviser@encompassprotect.com.au](mailto:adviser@encompassprotect.com.au) t: 1300 576 049

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