

Change of personal details

Information sheet

When to use this form

Use this form to change your name, address, email address, contact phone number and/or date of birth.

Identification requirements

For most services or products AMP offer or provide, we are required to comply with the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006*. This means we may need to collect and verify identification details (ID) when you start a new AMP account or complete transactions on your AMP account. The process also applies to any changes or updates to identification details.

Your identification may need to be verified before we can approve your request. We may decide to delay or refuse any request or transaction if we're concerned that there may be a breach of our legal and regulatory obligations.



If you're changing your name or date of birth, you'll need to send us original certified copies of your documents – don't send us the original documents.

If the document isn't written in English, then you must also attach an English translation prepared by an accredited translator.

Change in personal information

If you're changing your name or date of birth, we'll need to verify or confirm your identity. We'll do this by checking that certain details you provided in this form match the details in the documents you've attached.

Getting your copies certified

1. Make a photocopy of the original document that identifies you (eg your drivers licence).
2. Take both your original ID document and the photocopy to an authorised person who can certify.

Only certain people can certify copies including:

- police officer or sheriff
- justice of the peace or notary public
- legal practitioner, magistrate, judge or registrar/deputy registrar of a court
- pharmacist, physiotherapist or veterinary surgeon
- optometrist, dentist, medical practitioner or nurse
- member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the National Institute of Accountants.

You can see the full list of people who can certify documents or extracts at amp.com.au/identification.

3. Get the authorised person to stamp or write 'I certify that this is a true and correct copy of the original document', followed by their signature, full name, qualification, registration number (if applicable) and the date.

Example:

I certify that this is a true and correct copy of the original document.

John Citizen

John Citizen, Justice of the Peace

10 Other Street

Suburb NSW 2000

02 9999 9999 30 May 2020

Documents for an individual

So we can verify the identity of an individual, you need to send us the documents shown under option A or B:

Option A

One of these:

- current Australian state or territory driver licence that has your photo
- Australian passport that is current or expired within the last two years
- card issued under a state or territory law to prove your age that has your photo
- current foreign government passport (or similar international travel document) that has your photo and signature
- current foreign driver licence that has your photo
- current national identity card that has your photo.

Option B

One of these:

- Australian or foreign birth certificate
- Australian or foreign citizenship certificate
- birth certificate extract
- pension card issued by Department of Human Services
- health card issued by Department of Human Services.

Plus



The documents listed below are only valid if they include your full name and residential address.

One of these:

- a document issued by the Commonwealth or a state or territory within the last 12 months that shows financial benefits paid to you
- a document issued by the ATO within the last 12 months that shows money to be paid to you or that you need to pay to them (make sure you cross out your TFN)
- a document issued by a local government body or utility provider within the last three months that shows the services provided to you at your address
- if you're under 18 years old, a notice issued by a school principal within the last three months that shows how long you attended that school.

Collection of your personal information

We collect personal information from the account holder named in this form. This personal information will be used to process the change of your contact details held by AMP group.

We are required or authorised to collect this personal information under various laws including those relating to taxation and superannuation laws. If we're unable to collect your personal information, we may not be able to process the change to your contact details. To change your contact details, log into My AMP and update your details or you can contact us to do it for you.

We will only share your personal information:

- with other members of the AMP group and external service providers that we need to deal with for the purposes described above
- as required by law or regulations with courts, tribunals or government agencies
- with persons or third parties authorised by you (including others named in this form), or if required or permitted by law.

Some external service providers we need to deal with can be located or can host your information outside Australia. You can see the list of countries where these providers may be located via the AMP privacy policy. We take all reasonable steps to make sure that any information shared with external service providers is secured to protect your information.

Marketing and other purposes

In addition to the purposes stated above we may use your personal information for marketing and research purposes. To opt out of direct marketing from AMP, to obtain further information about how we handle your personal information or to request access to the personal information we hold about you, please call 131 267 or write to: AMP Limited, PO Box 300, Parramatta NSW 2124, or email askamp@amp.com.au.

Personal information is treated in line with the AMP privacy policy, which sets out how to access or update your personal information or make a privacy-related complaint. You can view our privacy policy online at amp.com.au/privacy or contact us on 131 267 for a copy.

Please keep this information sheet for your records— don't return it with your completed form(s).

Change of personal details

Use this form to change your name, address, email address, contact phone number and/or date of birth.

Please print in CAPITAL LETTERS and place a cross any applicable boxes.

1. Your previous personal details

Please provide the member/account number(s) for products you hold with AMP.

Title

Date of birth

D	D	M	M	Y	Y	Y	Y
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Surname

Given name(s)

Address

Suburb

State

Postcode

Contact phone number

Mobile number

Email address

2. Type of change required

- Name
 Address
 Email address
 Contact phone number
 Date of birth

Note: You can also change your address, email address or contact phone number through your My AMP account. If you haven't registered for your online account, visit amp.com.au to get started.

Change of name

Please make sure that you provide photocopies of your original identification documents and that the copy is correctly certified. Refer to the information sheet for details on how to certify your documents.

It's important that you mail the original certified copies of your documents to us – we can't accept faxed or emailed copies of the certified documents.

2. Type of change required continued

Reason for change of name

Please select the reason you've changed your name and provide us with the relevant documents showing your new name details:

- Marriage – certified copy of the marriage certificate issued by the Registry of Births, Deaths and Marriages.
 Deed poll – a certified copy of the change of name registration certificate.
 Revert to maiden name – documents that show a clear link between your current name and your new name (eg a certified copy of the marriage certificate issued by the Registry of Births, Deaths and Marriages).
 Incorrect spelling of name – your driver's licence or passport.
 Known by name – your driver's licence and one additional form of identification showing your preferred name (eg passport, Medicare card, concession/health care card).

New name details

Title

Surname

Given name(s)

Note: We won't be able to process your request if you don't send us the certified copies of the relevant documents

New address

Please provide your new address details:

Residential address

Suburb

State

Postcode

Country

2. Type of change required continued

New email address

Please provide your new email address details:

Email address

New contact phone number

Please provide your new contact phone number details:

Home phone number

Business phone number

Mobile phone number

Date of birth correction

Please provide your correct date of birth details and attach a certified copy of either your driver's licence or passport.

Date of birth

D	D	M	M	Y	Y	Y	Y
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Please make sure that you provide photocopies of your original identification documents and that the copy is correctly certified. Refer to the information sheet for details on how to certify your documents.

It's important that you mail the original certified copies of your documents to us – we can't accept faxed or emailed copies of the certified documents.

Note: We won't be able to process your request if you don't send us the certified copies of the relevant documents.

3. Authority – must be completed

I declare that all the details in this form are true and correct.

If you're signing under Power of Attorney:

I verify that, at the time of signing, I had not received notice of revocation of that Power of Attorney. If a certified copy of the Power of Attorney hasn't been previously provided, I must submit this with the completed form.

3. Authority – must be completed continued

Consent to online verification of identification documents

As part of your request, we may need to verify your identification documents online.

This may include:

- checking your identity against personal information held by a credit bureau, and
- checking your identification information with the issuer or official record holder of the identification you provide.

I consent (cross this box) to my identification documentation being used to carry out the identification checks described above.

Member/Power of Attorney name (Print in CAPITAL LETTERS)

Member/Power of Attorney signature

Date

D	D	M	M	Y	Y	Y	Y
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4. Checklist

- Have you completed all relevant sections of this form?
- Have you signed and dated this form where indicated?
- If you're changing your name and/or date of birth, have you attached the relevant certified copies of your documents?

Where to send this form

Mail/Email instructions

- For change of name/date of birth: Mail this completed form and the required documents (as specified) to the address below:
- For change of address/phone number/email address: Email this completed form to the email address below:

AMP Limited
 PO Box 300
 PARRAMATTA NSW 2124
 askamp@amp.com.au

Any questions?
 131 267

Adviser confirmation (office use only)			
Adviser number			
<input type="text"/>			
Confirmation options (please cross <input checked="" type="checkbox"/> appropriate option)			
<input type="checkbox"/> None <input type="checkbox"/> Confirm receipt <input type="checkbox"/> Confirm completion <input type="checkbox"/> Confirm both			
Email address (for confirmation)			
<input type="text"/>			