



### 3. Declaration and signature (for client)

By completing and signing this form, I/we:

- Confirm that I/we are no longer receiving advice from our existing financial adviser in relation to the policies/accounts listed above.
- For the policies/accounts listed above, my/our new financial adviser will be responsible for advising me/us and will have access to my/our information, which may include health information. If I/we have provided information about another person to (e.g. a life insured/beneficiary), I/we declare that I/we have the consent from that person to do so and have informed them that their information may be visible to the financial adviser named in this form and any other person authorised by the financial adviser.
- Acknowledge that OnePath Custodians/OnePath may refuse to accept this authority.
- Agree to release/discharge and indemnify OnePath Custodians/OnePath from any liability, cost or loss that is incurred as a result of acting on this authority.
- Authorise all remuneration currently being paid for the policies/accounts listed be paid to the financial adviser nominated in Section 2.
- Declare that I/we have read this form and declare that the information provided is true and accurate.
- Acknowledge that Zurich is a company within the Zurich Financial Services Australia Group. OnePath Custodians is a company within the Insignia Financial Group of Companies comprising Insignia Financial Ltd ABN 49 100 103 722 and its related bodies corporate (Insignia Financial Group). Zurich and OnePath Custodians are not related bodies corporate.

Signature of Member/Policy Owner 1

Date (dd/mm/yyyy)

Signature of Member/Policy Owner 2

Date (dd/mm/yyyy)