

Change of Address Notification

 Date / / (dd/mm/yyyy)

 Member Number

 Member Name

Please amend my Home address to:

 Address

 City

 State

 Postcode

 Email/s

 Home Phone/s

 Mobile Phone/s

Please amend my Mailing address to: Same as Home address **OR**

 Address

 City

 State

 Postcode

Please tick other services which may require notification:

 QBE Home and Contents Insurance Yes No

 QBE Motor Vehicle Insurance Yes No

 Sickness and Accident Insurance (QBE or Zurich) Yes No

 Bridges Financial Planning Yes No

 Other

 Signature

OFFICE USE ONLY

 Security questions asked and updated Yes No Op. No. _____ Date: _____

 Address amended: (P & R - edit 'Member Details') Yes No Op. No. _____ Date: _____

 Other services notified (eg. QBE): Yes No Op. No. _____ Date: _____

 Linked member address updated? Yes No Op. No. _____ Date: _____