

## Reassignment Request Form

### Member Instructions

*Please use CAPITAL letters if handwriting*

Date:

Member Name:

Member No:

Policy No:

Telephone Number:

Email:

Please note change of address (if applicable)

  

I would like to request the reassignment of my policy, shown above, to the new Funeral Firm captured below.

Name of Funeral Firm:

Address:

Name of Member:

Name of joint member (if applicable):

Member Signature:

Joint Member Signature (if applicable):

Date:

Date:

**Please Note:** If this form is being completed by the Power of Attorney on behalf of the member, please forward a copy of the Power of Attorney document.

Our privacy policy covers how we handle your personal information and is available at [www.forestersfinancial.com.au/privacy](http://www.forestersfinancial.com.au/privacy) or by calling us on 1800 645 326.