

OPTION CHANGE REQUEST

PLEASE PRINT AND COMPLETE

MEMBER DETAILS:

Membership Number

Surname

First Name(s)

Tel No. W () H ()

Cell Phone No.

E-mail Address

Current Benefit Option (please tick relevant box)

Private Choice	Private	Private Plus	Private Comp
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Change to Benefit Option (please tick the relevant box)

Private Choice	Private	Private Comp
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To take effect from:

dd/mm/yyyy

Reason for the request to change Benefit Option:

INTERMEDIARY/BROKER DETAILS (if applicable)

Broker/Brokerage Name

Broker Code

Tel No. W () F ()

E-mail Address

Members Signature: _____

Date: _____