

Landlord - Cancellation / No Longer Managed / Change of Managing Agent Form

This form must be filled in and signed by the policy holder.

This form can be completed electronically, responses can be typed directly into the fields below.

Date	9:	
Poli	cy Number:	
Poli	cy Holder Full Name:	
Insu	red Property Address:	
Polic	cy Holder Residential P	ostal Address:
Poli	cy Holder Contact Num	nber/Email:
Poli	cy Type (please select	Landlord Preferred Scheer Short Stay Building Insurance
Plea	ase choose <u>one</u> of th	ne following options:
1.	Change of Mana	aging Agent
	Previous managing ag	gent:
	New managing agent	:
2.	Cancel the police	ey effective from (DD/MM/YY):
	Reason (please sele	ct):
	Property Sold	Owner Occupied Self Managed Insured Elsewhere
	Other (provide det	rails):
Ref	und to be sent to:	Real Estate Agent Direct to Landlord
	ase provide the bank 3 Number:	account details for the refund:
Acc	ount Number:	
Acc	ount Name:	
l cor	nfirm that the information	on provided in this form is true, complete and accurate. (To be signed by all names listed on the policy)
Sign	nature of policy holder/s	X:
Prin	ted name/s:	

Please ensure all sections have been completed and email to **customerservice@terrischeer.com.au**

The issuer of the Landlord Preferred Policy is AAI Limited. ABN: 48 005 297 807 AFS Licence No: 230859

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