

CARD RETURN/CHANGE OF CIRCUMSTANCES FORM

1. MEMBER DETAILS

Full Name:		Plan No :
Date of Birth: DD / MM / YY	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Phone No:
Personal Email Address (required):		

2. CARDHOLDER DETAILS

Enclosed is a Smile Card/s for which I am: <input type="checkbox"/> The Primary Member <input type="checkbox"/> Their Spouse <input type="checkbox"/> Dependent	This form is to be completed and posted with returning Smile Card/s via Registered Mail to: Member Services, Smile PO Box 7090, EAST BRISBANE QLD 4169
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3. NEW SMILE PLAN

<input type="checkbox"/> Single without Dependents	<input type="checkbox"/> Family without Dependents	<input type="checkbox"/> No New Plan
<input type="checkbox"/> Single Parent / Single with Dependents	<input type="checkbox"/> Family with Dependents	

4. CURRENT ADDRESS

Postal Address:		
Suburb:	State:	Postcode:

5. SPOUSE/PARTNER INFORMATION

Full Name:		Phone No:
Date of birth: DD / MM / YY		

6. DEPENDENTS

Full Name:	Date of Birth: DD / MM / YY
Full Name:	Date of Birth: DD / MM / YY
Full Name:	Date of Birth: DD / MM / YY
Full Name:	Date of Birth: DD / MM / YY
Full Name:	Date of Birth: DD / MM / YY
Full Name:	Date of Birth: DD / MM / YY

7. PAYMENT/AGREEMENT

Please Select Visa Mastercard

Card Number

Expiry / CVV/CSV/CVN/CCV ___ ___ ___

Payment by **Visa** or **MasterCard** only. The **Visa** or **MasterCard** details provided will be used by Smile when your plan is commencing a new billing cycle. **Please update your Visa or MasterCard** details if expired, replaced or reported lost/stolen. You must contact Smile 14 days prior to the commencement of the new billing cycle if you wish to cancel your plan. The upgrade to the plan commences on the date of payment and does not cease until notified in writing by the primary member. To effectively cancel a plan, the primary member must complete and return a Cancellation Form. By signing this form you acknowledge that you have read, understood and agreed to the terms and conditions outlined at <http://www.smile.com.au/tac>.

Signature of Applicant: _____ Date: ___/___/___