

## SMILE PLAN UPGRADE 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:
Postal Address:		
Suburb:	State:	Postcode:
Personal Email Address (required):		

### 2. CHANGE TYPE

<b>1 Year Plan</b> <input type="checkbox"/> Family with Dependents <input type="checkbox"/> Couple <input type="checkbox"/> Single Parent	<b>2 Year Plan (40% discount on 2<sup>nd</sup> year)</b> <input type="checkbox"/> Family with Dependents <input type="checkbox"/> Couple <input type="checkbox"/> Single Parent <input type="checkbox"/> Single
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ALL CHARGES ARE ON A PRO-RATA BASIS WHICH IS CALCULATED AS THE COST DIFFERENCE BETWEEN YOUR CURRENT AND REQUESTED PLANS WITHIN YOUR CURRENT BILLING CYCLE PLUS AN ADMINISTRATION FEE OF \$14.95.

### 3. SPOUSE/PARTNER INFORMATION

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

### 4. 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

### 5. PAYMENT/AGREEMENT

Please Select  Visa  MasterCard

Card Number

Expiry   /   CW/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 of Use outlined at <http://www.smile.com.au/tou>.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Email to** member@smile.com.au  
**Fax to** 07 3319 0965  
**Post to** Member Services, Smile  
 PO Box 7090, EAST BRISBANE QLD 4169