

Request details

Member number: _____ S/L _____

Member name: _____

Email address: _____

I/We request to receive this information by

☐ Email ☐ Post ☐ N/A

If the requested information is to be emailed, please nominate a password that will be used to open the document once received by you _____

Please note this password should be a minimum 10 characters including 1 number and is case sensitive.

Written request:

☐ I/We accept that the request we are submitting may have a fee. I/we acknowledge that I/we have read the relevant Product Disclosure Statement available at heritage.com.au/terms-conditions and/or any applicable credit contract, before submitting this request, and that I/We are aware of this fee and agree to it being charged.

Account holder signature Account holder signature Date

This email and accompanying document are confidential and intended only for the use of the addressee. If you have received this in error please notify Heritage on 07 4690 9000.

Office use only

Processing staff name: _____

Witness signature: _____

Signature/s verified

Agent stamp