



## DEFAULT INSURANCE FUND Personal Information Access Request

Complete this form to request access to personal information held about you by the Default Insurance Fund.

Title  Given names  Surname

Date of Birth  /  /  Gender Male  Female  Contact phone number

Address (information will be mailed to this address)  
  
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 Postcode

Claim number or reference number

Employer

Any other details or comments  
  
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Signature

Date  
 /  /

Office use only  
Date received

Once completed, send to:

Fax: 6207 0301

Mail: GPO Box 158, Canberra ACT 2601