



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)

 Postcode

Claim number or reference number

Employer

Any other details or comments

Signature

Date
 / /

Office use only
Date received

Once completed, send to:

Fax: 6207 0301

Mail: GPO Box 158, Canberra ACT 2601