

Plan Beneficiary Nomination Form

Commonwealth Bank Education Savings Plan

Please **PRINT** clearly in **BLACK** or **BLUE** pen keeping well within the boxes. Use crosses in the boxes marked with an "X".

1. Investor Details

Policy number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Title	<input checked="" type="checkbox"/> Mr <input checked="" type="checkbox"/> Mrs <input checked="" type="checkbox"/> Ms <input checked="" type="checkbox"/> Miss	Date of birth	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Name in full	<input type="text"/>		
Residential address (not a PO Box)	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/> <input type="text"/> <input type="text"/>
Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Country	<input type="text"/>
Phone	<input type="text"/>	Mobile	<input type="text"/>
Email	<input type="text"/>		

2. Declaration

I/We

Investor(s) of the above plan, hereby revoke all previous nominations of plan beneficiaries made by me/us, and nominate the following person(s) to receive the proceeds of any residual plan investment should my/our current nominated student die after the death of the last surviving joint investor in accordance with the governing rules of the Plan.

3. Nomination of Plan Beneficiaries (total proceeds must equal 100%)

Beneficiary 1

Title	<input checked="" type="checkbox"/> Mr <input checked="" type="checkbox"/> Mrs <input checked="" type="checkbox"/> Ms <input checked="" type="checkbox"/> Miss	Date of birth	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Name in full	<input type="text"/>		
Residential address (not a PO Box)	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/> <input type="text"/> <input type="text"/>
Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Country	<input type="text"/>
Email	<input type="text"/>		
Relationship to investor(s)	<input type="text"/>	% of Benefit	<input type="text"/> <input type="text"/> <input type="text"/> %

Beneficiary 2

Title	<input checked="" type="checkbox"/> Mr <input checked="" type="checkbox"/> Mrs <input checked="" type="checkbox"/> Ms <input checked="" type="checkbox"/> Miss	Date of birth	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Name in full	<input type="text"/>		
Residential address (not a PO Box)	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/> <input type="text"/> <input type="text"/>
Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Country	<input type="text"/>
Email	<input type="text"/>		
Relationship to investor(s)	<input type="text"/>	% of Benefit	<input type="text"/> <input type="text"/> <input type="text"/> %

Note: Total proceeds must equal 100%.

If more than 2 beneficiaries are to be nominated please complete a second Plan Beneficiary Nomination Form.

4. Signature(s)

I/We confirm that I/we have a copy of the current Product Disclosure Statement and that I/we have read, understood and retained for future reference.

Investor 1 signature

Name of Investor 1

Date / /

Investor 2 signature

Name of Investor 2

Date / /



Return by email

enquiries@australianunity.com.au



Post

(together with any identification documents where relevant)

Australian Unity - Investment Bonds, Reply Paid 93753 Melbourne VIC 8060
(no stamp required if mailed in Australia)

If posting from outside of Australia, please send to:
GPO Box 4397 Melbourne VIC 3001

Contact us

- Australian Unity
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- australianunity.com.au/wealth

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