

# Additional Life Insured Nomination Form

## Investment Bond

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. Additional Life Insured

Your personal information will be collected, used and disclosed by us in accordance with our Privacy Policy and in accordance with the law. You can obtain a copy of our Privacy Policy via our website [australianunity.com.au/privacy-policy](http://australianunity.com.au/privacy-policy) or by telephone 1300 1300 38.

#### Additional Life Insured 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"/>   |               |   |

#### Additional Life Insured 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"/>   |               |   |

#### Notes:

- If you do not nominate a Life Insured, you and your joint applicant (if any) will become the Life Insured.
- A Life Insured cannot be removed after your investment has commenced.
- All nominated beneficiaries are cancelled with the addition of a Life Insured.

## 5. Declaration and Signature(s)

All investor signatories must sign below.

- 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](mailto: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  
GPO Box 4397 Melbourne VIC 3001

[australianunity.com.au/wealth](http://australianunity.com.au/wealth)

#### Investor Services

[enquiries@australianunity.com.au](mailto:enquiries@australianunity.com.au)

1300 1300 38

#### Adviser Services

[investmentbonds@australianunity.com.au](mailto:investmentbonds@australianunity.com.au)

1300 133 285