

Nomination of Beneficiary Form

FlexiGrowth Investment

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

1. Investor(s) 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

holder/s of the above policy, hereby revoke any nomination previously made by me/us in respect to the monies payable on my/our death, and I/we hereby nominate the beneficiaries set out hereunder, to receive the said monies payable upon my/our death in accordance with the Fund Rules.

3. Nomination of Beneficiaries

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"/>		
Beneficiaries surname	<input type="text"/>																
Beneficiaries given name(s)	<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	<input type="text"/>												Portion of Benefit	<input type="text"/>	<input type="text"/>	<input type="text"/>	%

Beneficiary 2

Title Mr Mrs Ms Miss Date of birth //

Beneficiaries surname

Beneficiaries given name(s)

Residential address (not a PO Box)

Suburb State

Postcode Country

Email

Relationship to investor Portion of Benefit %

Beneficiary 3

Title Mr Mrs Ms Miss Date of birth //

Beneficiaries surname

Beneficiaries given name(s)

Residential address (not a PO Box)

Suburb State

Postcode Country

Email

Relationship to investor Portion of Benefit %

4. Declaration and Signature(s)

I/We confirm that I/we have retained a copy off this form for my files.

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

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