

4. Change of financial adviser

Company	<input type="text"/>	
Adviser	<input type="text"/>	
Phone	<input type="text"/>	Mobile <input type="text"/>

I authorise the provision of information regarding my membership and the payment of ongoing brokerage to the above adviser.

5. Change of regular contributions

Please alter my existing contribution to: Monthly Quarterly Half Yearly Annually

Total amount per contribution: \$, .

6. Change of nominated beneficiaries (investment bonds only)

Beneficiary 1

Title	<input checked="" type="checkbox"/> Mr <input checked="" type="checkbox"/> Mrs <input checked="" type="checkbox"/> Ms <input checked="" type="checkbox"/> Miss
Name in full	<input type="text"/>
Residential address (not a PO Box)	<input type="text"/>
Suburb	<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"/>
Relationship to Bond Owner	<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
Name in full	<input type="text"/>
Residential address (not a PO Box)	<input type="text"/>
Suburb	<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"/>
Relationship to Bond Owner	<input type="text"/>
% of benefit	<input type="text"/> <input type="text"/> <input type="text"/>

If more space is required please attach and sign a separate form. This Nomination revokes all previous Nominations made. The Trustee reserves the right to make the final decision about the form in which the benefit is paid and to whom.

7. Alteration of distribution details

Distributions

How would you like your distribution to be paid?

Reinvested Credited to my bank account (details provided below)

If left blank or no banking details are provided below, then your distributions will automatically be reinvested.

8. Your bank account details (for distributions)

You must be named on the bank account for a payment to be made into that account.

Name of financial institution	<input type="text"/>	
Account name	<input type="text"/>	
Branch name	<input type="text"/>	
Branch number (BSB)	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	Account number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

9. Authorisation

All account signatories must sign below.

Signature

Print name

Date / /

Signature

Print name

Date / /

Please include a certified copy of photo identification if not previously provided.



Return by post

(together with any identification documents where relevant)

Australian Unity, Reply Paid 64466, South Melbourne VIC 3205

(no stamp required if mailed in Australia)

If posting from outside of Australia, please send to:


114 Albert Road, South Melbourne VIC 3505




Fax


03 8682 5057

Contact us


 Australian Unity Investor Services
114 Albert Road, South Melbourne VIC 3205

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