

Additional Contribution 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"/> <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"/> <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"/> <input type="text"/> <input type="text"/> |
| Country (if not Australia) | <input type="text"/> | | | | |
| Phone | <input type="text"/> | Mobile | <input type="text"/> | | |
| Email | <input type="text"/> | | | | |

2. Contribution Details

| | | | |
|---|---|-------------------------|---|
| Plan 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"/> | Total Deposit Amount \$ | <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 checked="" type="checkbox"/> As per my existing option spill | | | |

OR

Investment Options

(amount to be invested)

| | | | | | |
|-----------------------|----|---|----|--|---|
| Capital Secure Option | \$ | <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"/> | or | <input type="text"/> <input type="text"/> <input type="text"/> | % |
| Balanced Option | \$ | <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"/> | or | <input type="text"/> <input type="text"/> <input type="text"/> | % |
| Diversified Option | \$ | <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"/> | or | <input type="text"/> <input type="text"/> <input type="text"/> | % |
| High Growth Option | \$ | <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"/> | or | <input type="text"/> <input type="text"/> <input type="text"/> | % |
| Total | \$ | <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"/> | or | <input type="text"/> <input type="text"/> <input type="text"/> | % |

Notes: (a) Minimum additional deposit \$500 per option.

(b) When you deposit into an option an investing transaction cost is incurred for a switch into all options excepting the Capital Secure option.

3. Method of Payment

| | | | |
|-------------------|---|-------------------------|---|
| Investment 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"/> | Total Deposit Amount \$ | <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"/> |
|-------------------|---|-------------------------|---|

I will be paying my investments by:

☒ **BPAY®** – Biller Code 443994 – for details of your Customer Reference number, please call our Investor Services Team on 1300 1300 38 or refer to your Investment Statement issued half yearly.

☒ **DIRECT DEBIT** – Please contact us for a Direct Debit form. This can be used for once off or regular amounts.

4. Declaration and Signature(s)

Please sign and forward this form to the address below to ensure a correct investment option split is used for your additional contribution.

I/We confirm that I/we have a copy of the current Product Disclosure Statement (PDS) 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
GPO Box 4397 Melbourne VIC 3001
-  australianunity.com.au/wealth

Investor Services

-  enquiries@australianunity.com.au
-  1300 1300 38

Adviser Services

-  investmentbonds@australianunity.com.au
-  1300 133 285