

# 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"/> <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"/>	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"/> <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"/> <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

X

Name of Investor 1

Date 

D

D

 / 

M

M

 / 

Y

Y

Y

Y

##### Investor 2 signature

X

Name of Investor 2

Date 

D

D

 / 

M

M

 / 

Y

Y

Y

Y



#### 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

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-  1300 1300 38

#### Adviser Services

-  [investmentbonds@australianunity.com.au](mailto:investmentbonds@australianunity.com.au)
-  1300 133 285