

Nomination Form

Investment Bonds

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

1. Nomination Details

Product name

Membership number

Full name of member

Title Mr Mrs Ms Miss

Date of birth / /

Surname

Given name(s)

I, the above named member of the relevant Benefit Fund, revoke any nominations previously made by me in respect to the benefit payable by Lifeplan on my death, and hereby nominate:

Full name of nominee

Surname

Given name(s)

Address of nominee

Suburb State

Postcode Country

Phone Date of birth / /

to receive the benefit payable under the Rules of the Benefit Fund.

2. Declaration and Signatures

Signature of member

Full name

Date / /

Signature of witness (not an interested party)

Witness full name

Date / /

I have provided the above information about the nominee with their consent.

Personal information of the nominee 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 or by telephone 1300 1300 38.

OFFICE USE ONLY

Previous nomination Cancelled



Return by email

enquiries@australianunity.com.au



Post

(together with any identification documents where relevant)

Australian Unity - 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

Investor Services



enquiries@australianunity.com.au



1300 1300 38

Adviser Services



investmentbonds@australianunity.com.au



1300 133 285