Additional Deposit and Regular Savings Plan Form



Investment Bonds

X Fortnightly

X Monthly

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

1. Investor Details							
Policy number							
Title	Mr Mrs Ms Miss	Date of birth /					
Name in full							
Residential address (not a PO Box)							
Suburb			State				
Postcode	Country						
Email							
Mobile							
2. Investment Details							
Total Deposit Amount \$							
I will be paying my investments by:							
BPAY® – Biller Code 899138 – for details of your Customer Reference number, please call our Investor Team on 1300 1300 38 or refer to your Investment Statement issued annually.							
DIRECT DEBIT – please complete Step Three confirming the frequency of the Direct Debit and also your financial institution account details at Step Four.							
3. Direct Debit Det	ails						
Please confirm if this requ	uest is to X Initiate X Change	X Cancel					
At least 3 business days notice is required for all requests. For Regular Savings the minimum monthly investment is \$50 per month for 10Invest and \$100 per month for all other investment bonds product.							
Option 1 - Once Only							
Once only amount \$		Collection date for direct debit /	·				
OR Option 2 - Regular Ongoing Savings Plan (continues indefinitely until otherwise advised in writing by the policy owners)							
Regular Savings - ple	ase indicate frequency below	Amount \$					

Start date for direct debit

Branch Number (BSB) Account name Direct Debit Request Authorisation • UWe authorise Lifeplan (User ID Number: 026445) to debit this nominated account with the contribution shown and/or the direct debit cycle I have selected in Step Three. • UWe have read the Direct Debit Client Services agreement provided within the Product Disclosure Statement and agree with its terms and conditions. • UWe acknowledge that I/we may obtain a copy of the Client Service agreement at any time by contacting Investor Services on 1300 1300 38. • UWe acknowledge that this authority will remain in force until written notice is received to cancel/after this authority. Direct Debit Authority Investor 2 signature Signature of Account Owner 2 *** ** ** ** ** ** ** ** **																			
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Signature of Account Owner 2 Signature of Account Owner 2	I/We acknowledge that	t this authority	will rema	ain in f	orce ι	until writ	ten not	ice is re	eceive	ed to cancel/	/alter	this	autho	rity.					
S. Option Selection As per my existing option spilt OR Please specify the amount you wish to invest in each option, details of current investment options are available in the current Product Disclosure Statement. S. S	Direct Debit Authority	,						Inves	tor 2	signature									
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Total % must equal 100%. Total \$ must equate to the Total Deposit Amount \$ entered above in Step Two.

TOTAL

6. Declaration and Signature(s)

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.

I/We acknowledge that the Direct Debit arrangement (if applicable) is governed by the terms of the Direct Debit Client Service Agreement that is available on request.

Investor 1 signature	Investor 2 signature
X	X
Name of Investor 1	Name of Investor 2
Date / / / / / / / / / / / / / / / / / / /	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



(ரி) australianunity.com.au/wealth

Investor Services



> 1300 1300 38

Adviser Services

investmentbonds@australianunity.com.au

(S) 1300 133 285

AU0746_231018 Additional Deposit Form 3