

# Additional Deposit and Regular Savings Plan 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. 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"/>									
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"/>	
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"/>															
Mobile	<input type="text"/>															

## 2. Investment Details

[illegible]

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 Details

Please confirm if this request is to ☒ Initiate ☒ Change ☒ 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)

[illegible]

#### 4. Financial Institution Account Details

Bank Name	<input type="text"/>	Branch	<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"/>
Account name	<input type="text"/>		

## Direct Debit Request Authorisation

- I/We 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.
- I/We have read the Direct Debit Client Services agreement provided within the Product Disclosure Statement and agree with its terms and conditions.
- I/We acknowledge that I/we may obtain a copy of the Client Service agreement at any time by contacting Investor Services on 1300 1300 38.
- I/We acknowledge that this authority will remain in force until written notice is received to cancel/alter this authority.

## Direct Debit Authority

Signature of Account Owner 1

1 x

## Investor 2 signature

Signature of Account Owner 2

X

## 5. 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.

					\$							.			or				%
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					\$							.			or				%
TOTAL					\$							.			or				%

**Total % must equal 100%. Total \$ must equate to the Total Deposit Amount \$ entered above in Step Two.**

## 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

X

Name of Investor 1

  

Date  /  /

### Investor 2 signature

X

Name of Investor 2

  

Date  /  /



### 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

- [enquiries@australianunity.com.au](mailto:enquiries@australianunity.com.au)
- 1300 1300 38

#### Adviser Services

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