

# Nomination of Beneficiary Form

## FlexiGrowth Investment

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

### 1. Investor(s) 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"/>
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

holder/s of the above policy, hereby revoke any nomination previously made by me/us in respect to the monies payable on my/our death, and I/we hereby nominate the beneficiaries set out hereunder, to receive the said monies payable upon my/our death in accordance with the Fund Rules.

### 3. Nomination of Beneficiaries

#### 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"/>
Beneficiaries surname	<input type="text"/>		
Beneficiaries given name(s)	<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	<input type="text"/>	Portion of Benefit	<input type="text"/> <input type="text"/> <input type="text"/> %

## Beneficiary 2

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss Date of birth   /   /

Beneficiaries surname

Beneficiaries given name(s)

Residential address (not a PO Box)

Suburb  State

Postcode     Country

Email

Relationship to investor  Portion of Benefit    %

## Beneficiary 3

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss Date of birth   /   /

Beneficiaries surname

Beneficiaries given name(s)

Residential address (not a PO Box)

Suburb  State

Postcode     Country

Email

Relationship to investor  Portion of Benefit    %

#### 4. Declaration and Signature(s)

I/We confirm that I/we have retained a copy off this form for my files.

##### Investor 1 signature

Name of Investor 1



Date   /   /

##### Investor 2 signature

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

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-  [australianunity.com.au/wealth](http://australianunity.com.au/wealth)

#### Investor Services

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-  1300 1300 38

#### Adviser Services

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-  1300 133 285