

Living Away From Home Declaration 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"/>		
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"/>
Phone	<input type="text"/>	Mobile	<input type="text"/>
Email	<input type="text"/>		
Student name in full	<input type="text"/>		

2. Details of Living Allowance Claimed

Amount of Living Allowance Claimed	<input type="text"/>	(Limits apply, please call our Investor Services Team on 1300 1300 38 for current limits)
I confirm that the above named student is in	<input checked="" type="checkbox"/> full-time study	<input checked="" type="checkbox"/> part-time study
Place of study	<input type="text"/>	
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"/>

3. Declaration

I/We

Investor(s) of the above plan, hereby declare that the student nominated in step one is living away from home. I/We confirm that this declaration should remain in force until such time that written notice to cancel is received.

4. Signature(s)

Investor 1 signature

Name of Investor 1

Date / /

Investor 2 signature

Name of Investor 2

Date / /

OR Students over the age of 16 can make claims if we have received a written authority from the investor to act on the instructions of the student.

Student signature

Name of Student

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

 Australian Unity
GPO Box 4397 Melbourne VIC 3001

 australianunity.com.au/wealth

Investor Services

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Adviser Services

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