

Student Authority 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

Title Mr Mrs Ms Miss Date of birth / /

Name in full

Residential address (not a PO Box)

Suburb State

Postcode Country

Phone Mobile

Email

2. Student Details

Title Mr Mrs Ms Miss Date of birth / /

Student name in full

Residential address (not a PO Box)

Suburb State

Postcode Country

Email

Phone Mobile

3. Declaration

I/We

notify Lifeplan that I/we authorise the student (named above) to complete an EasyClaim withdrawal form and a Living Away From Home Declaration form and authorise Lifeplan to act on the instructions of the student, contained within the EasyClaim form and/or Living Away From Home Declaration forms. I/we confirm that the student is over 16 years of age.

Any request for education expenses must be supported by documentation, except when claiming any eligible living allowance.

4. Signature(s)

All investor signatories must sign below:

Investor 1 signature

Name of Investor 1

Date / /

Investor 2 signature

Name of Investor 2

Date / /

Student signature

Name of Investor 1

Date / /

Note: An investor can cancel this authority at any time by writing to Australian Unity.

 **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

 enquiries@australianunity.com.au

 1300 1300 38

Adviser Services

 investmentbonds@australianunity.com.au

 1300 133 285