

Switch Option 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

Student name in full

2. Investment Option Alteration Request

Switch Amount \$

Option Code	From Existing Details	To New Details
Capital Secure Option	\$ <input type="text"/> or <input type="text"/> <input type="text"/> <input type="text"/> %	\$ <input type="text"/> or <input type="text"/> <input type="text"/> <input type="text"/> %
Balanced Option	\$ <input type="text"/> or <input type="text"/> <input type="text"/> <input type="text"/> %	\$ <input type="text"/> or <input type="text"/> <input type="text"/> <input type="text"/> %
Diversified Option	\$ <input type="text"/> or <input type="text"/> <input type="text"/> <input type="text"/> %	\$ <input type="text"/> or <input type="text"/> <input type="text"/> <input type="text"/> %
High Growth Option	\$ <input type="text"/> or <input type="text"/> <input type="text"/> <input type="text"/> %	\$ <input type="text"/> or <input type="text"/> <input type="text"/> <input type="text"/> %
Total	\$ <input type="text"/> or <input type="text"/> <input type="text"/> <input type="text"/> %	\$ <input type="text"/> or <input type="text"/> <input type="text"/> <input type="text"/> %

Funds transferred – from existing options must equal transferred to new options. Total % must equal 100%.

Notes:

- Minimum switch \$500 per option.
- When you switch into an option, an investing transaction cost is incurred for a switch into all options except the Capital Secure Option.

3. 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.

Investor 1 signature

Name of Investor 1

Date / /

Investor 2 signature

Name of Investor 2

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

- enquiries@australianunity.com.au
- 1300 1300 38

Adviser Services

- investmentbonds@australianunity.com.au
- 1300 133 285