Plan Beneficiary Nomination Form



Lifeplan Education Bond

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) Deta	ails
Policy number	
Title	X Mr X Mrs X Ms X Miss Date of birth D D / M M / Y Y Y
Name in full	
Residential address (not a PO Box)	
Suburb	State
Postcode	Country
Phone	Mobile
Email	
Student name	
2. Declaration	
I/We	
following person(s) to death of the last survi	we plan, hereby revoke all previous nominations of plan beneficiaries made by me/us, and nominate the receive the proceeds of any residual plan investment should my/our current nominated student die after the ving joint investor in accordance with the governing rules of the Plan. Plan Beneficiaries (total proceeds must equal 100%)
Beneficiary 1	
Title	X Mr X Mrs X Ms X Miss Date of birth D D / M M / Y Y Y
Name in full	
Residential address (not a PO Box)	
Suburb	State
Postcode	Country
Email	
Relationship to investor(s)	% Benefit %
Beneficiary 2	
Title	X Mr X Mrs X Ms X Miss Date of birth D D / M M / Y Y Y
Name in full	
Residential address (not a PO Box)	
Suburb	State
Postcode	Country
Email	
Relationship to investor(s)	% Benefit %

Note: If more than 2 beneficiaries are to be nominated please complete a second Plan Beneficiary Nomination form.



4. Signature(s)			
Investor 1 signature	Investor 2 signature		
X	X		
Name of Investor 1	Name of Investor 2		
Date D D / M M / Y Y Y	Date D D / M M / Y Y Y		
Student signature			
X			
Name of Student			
Date D D / M M / Y Y Y			



Return by email

enquiries@australianunity.com.au



(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:

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Contact us

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Plan Beneficiary Nomination Form IB0003 LEB 231031