

Student Authority Form

Lifepan 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(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"/>									
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"/>															

2. Student Details

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"/>	
Student 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"/>															

3. Declaration

I/We

authorise the student (named above) to complete an EasyClaim withdrawal form and a Living Away From Home Declaration form and authorise Australian Unity 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)

Investor 1 signature

Name of Investor 1

Date / /

Investor 2 signature

Name of Investor 2

Date / /

Student signature

Name of Student

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

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