

## ADDITIONAL CONTRIBUTION AND INSTALMENT PLAN FORM

Please:

- PRINT clearly in black pen keeping within the allocated area
- Mark any boxes with an 'X' where applicable
- Call Investor Services on **1800 804 731** if you have any questions.

### 1. POLICY DETAILS

Policy/Certificate number:

### 2. MEMBER DETAILS

#### Member 1 (Individual investor)

Title:  Mr  Mrs  Ms  Miss Other: (please specify)

Surname:

Given name(s):

Date of birth:   /   /

#### Member 2 (Joint investor)

Title:  Mr  Mrs  Ms  Miss Other: (please specify)

Surname:

Given name(s):

Date of birth:   /   /

### 3. CONTACT DETAILS

Residential address for Member 1 (not a PO Box)

Address:

Suburb:  State:  Postcode:

Phone:  Mobile:

Email:

#### 4. INVESTMENT DETAILS

##### Additional Contribution (once-off)

I/We wish to invest a once only lump sum of \$ , into the following product:

- FuneralPlan Bond (the minimum additional contribution is \$50.00)
- FuneralPlan Pre-Paid (the minimum additional contribution is \$25.00)

Payment method:

- Cheque (please make your cheque payable to 'Funeral Plan Management Pty Ltd <Member Name>' and cross the cheque 'Not Negotiable')
- Direct Debit (please complete the Direct Debit section)

##### Direct Debit/Instalment Plan

I/We wish to invest in the following product:

- FuneralPlan Bond (the minimum additional contribution is \$50.00 per month)
- FuneralPlan Pre-Paid (the minimum additional contribution is \$25.00 per month)

I wish to invest a total amount of \$ , in instalment amounts of \$ ,

To be debited from my/our Australian financial institution account  Fortnightly  Monthly  Quarterly

To commence your Direct Debit/Instalment Plan please **complete steps 5 and 6.**

#### 5. FINANCIAL INSTITUTION ACCOUNT DETAILS

Please provide your account details below.

This account will be used to debit any additional contribution and/or to debit your account under the Instalment Plan from time to time, if advised in **step 4.**

Name of Australian Financial Institution:

Branch name:

Name of account holder(s):

Branch number (BSB): - Account number:

#### 6. DIRECT DEBIT REQUEST AUTHORISATION AND SIGNATURE

Direct Debit start date: // (At least three business days notice is required)

- I/We authorise Lifeplan (User ID Number: 086326) to debit this nominated account with the additional and/or Instalment Plan contribution(s) shown and the direct debit frequency I/we have selected in **step 4.**
- I/We have read and understood the Lifeplan Direct Debit Service Agreement and agree with its terms and conditions.
- I/We acknowledge that this arrangement will remain in force until the total amount advised under the Instalment Plan has been reached or Lifeplan has received written notice to cancel/alter this arrangement.

Signature of Member 1/Account Holder 1

X

Date: //

Signature of Member 2/Account Holder 2

X

Date: //

## Lifeplan Direct Debit Service Agreement

If the debit is for the first payment, the payment will be drawn on the date that we accept your application. Ongoing regular debits will occur according to the frequency you have nominated in the Application Form. Where the due date of a debit falls on a non-business day, we will draw the amount on the next business day. If two consecutive payment requests are dishonoured, we will terminate the direct debit arrangement, and you will need to make other arrangements to effect Instalment Plan payments.

It is your responsibility to nominate an account which permits direct debit transactions and, on an ongoing basis, to ensure that there are sufficient available cleared funds by the regular due date. You are responsible also for any transaction or dishonour fees incurred. If you wish to make any changes to the direct debit arrangements, it is important that you notify us at least three (3) business days in advance.

If you change your account but wish to continue using a direct debit payment, you will need to complete a new form. We will resolve any dispute about a direct debit drawing within seven (7) business days and in the course of resolution we may share information with our direct debit sponsor.

### Your rights

- If you believe a drawing has been initiated incorrectly, you should raise the matter directly with us.
- If you do not receive a satisfactory response from us, then please follow up with your nominated Australian financial institution regarding your claim.
- You will receive a refund of the drawing account if we cannot substantiate the reason for the drawing.

### Return your completed form to Funeral Plan Management Pty Ltd via:

E funeralplans@australianunity.com.au  
P GPO Box 4397, Melbourne VIC 3001

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**ADDRESS:** GPO Box 4397, Melbourne VIC 3001  
**TELEPHONE:** 1800 804 731 (freecall)  
**EMAIL:** funeralplans@australianunity.com.au  
**WEBSITE:** [australianunity.com.au/funeral-plan-bond](http://australianunity.com.au/funeral-plan-bond)

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