

Additional Deposit Form



Lifepan Investment 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 Details

Policy number

Title Mr Mrs Ms Miss Date of birth / /

Name in full

Residential address (not a PO Box)

Suburb State

Postcode Country

Email

2. Investment Details

Total Deposit Amount \$

I will be paying my investments by:

BPAY® – Biller Code 899138 – for details of your Customer Reference number, please call our Investor Team on 1300 1300 38 or refer to your Investment Statement issued annually.

DIRECT DEBIT – please complete Step Three confirming the frequency of the Direct Debit and also your financial institution account details at Step Four.

CHEQUE – please make the cheque payable to “Lifeplan Australia Friendly Society Limited, <investor name>” and cross it “Not Negotiable”.

3. Direct Debit Details

Please confirm if this request is to Initiate Change Cancel

At least 3 business days notice is required for all requests. For Regular Savings the minimum monthly investment is \$100 per month.

Option 1 - Once Only

Once only amount \$ Collection date for direct debit / /

OR Option 2 - Regular Ongoing Savings Plan (continues indefinitely until otherwise advised in writing by the policy owners)

Regular Savings - please indicate frequency below Amount \$

Weekly Fortnightly Monthly Quarterly Start date for direct debit / /

OR Option 3 - Instalment Investment Plan (active only for the period defined below)

Instalment Investment Plan I want to invest a total amount of \$

as a series of regular debts of \$ (please indicate frequency below)

Weekly Fortnightly Monthly Quarterly Starting on / /

Note: This acts as a standing instruction to make additional deposits to your investment via direct debiting the nominated financial institution account until the series debits equals the total amount

6. 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.

I/We acknowledge that the Direct Debit arrangement (if applicable) is governed by the terms of the Direct Debit Client Service Agreement that is available on request.

Investor 1 signature

Name of Investor 1

Date / /

Investor 2 signature

Name of Investor 2

Date / /



Return by post

(together with any identification documents where relevant)

Australian Unity - Investment bonds, Reply Paid 89, Adelaide SA 5001

(no stamp required if mailed in Australia)

If posting from outside of Australia, please send to Head Office:

114 Albert Road, South Melbourne VIC 3205



Fax


1800 804 890




Email


enquiries@australianunity.com.au


Contact us


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