

Living Away From Home Declaration 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. Details of Living Allowance Claimed

Amount of Living Allowance Claimed (Limits apply, please call our Investor Services Team on 1300 1300 38 for current limits)

I confirm that the above named student is in full-time study part-time study

Place of study

Address (not a PO Box)

Suburb State

Postcode Country

3. Declaration

I/We

Investor(s) of the above plan, hereby declare that the student nominated in step one is living away from home. I/We confirm that this declaration should remain in force until such time that written notice to cancel is received.

4. Signature(s)

Investor 1 signature

Name of Investor 1

Date / /

Investor 2 signature

Name of Investor 2

Date / /

OR Students over the age of 16 can make claims if we have received a written authority from the investor to act on the instructions of the student.

Student signature

Name of Student

Date / /

PROMOTED AND DISTRIBUTED BY **CommonwealthBank** 



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



Australian Unity
114 Albert Road, South Melbourne VIC 3205



australianunity.com.au/wealth

Investor Services



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1800 804 890

Adviser Services



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1300 133 285



1800 804 890