

Lifepan 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 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 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



enquiries@australianunity.com.au



1300 1300 38



1800 804 890

Adviser Services



investmentbonds@australianunity.com.au



1300 133 285



1800 804 890