

# 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   /   /


 **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](http://australianunity.com.au/wealth)


##### Investor Services

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 1300 1300 38

##### Adviser Services

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