

NEW BOND

Please use block letters

ADDITION TO EXISTING POLICY

POLICY NO

Applications for investment can only proceed on this Application Form, dated 1 September 2008.

Applicant 1 (primary owner)

Title

Given Name(s)

Surname

Date of Birth

 / /

Applicant 2

Title

Given Name(s)

Surname

Date of Birth

 / /

Address

State

Postcode

Contact Details

BH: ()

AH: ()

Email:

Pre-Paid Funeral Contracts only

If you are making this application as a result of entering into a pre-paid funeral contract, please provide the following details:

Contract Amount (exc GST)

GST on Pre-Paid Funeral Contract

Total Amount (inc GST)

\$

\$

\$

Is GST included in the amount sent to KeyInvest? Yes No

Initial Contribution Details

Net Amount Invested*

\$

Desired amount of your Funeral Bond or Pre-Paid Contract Amount (exc GST)

Plus

Contribution Fee

\$

1.95% of Net Amount invested

Equals

Sub-Total

\$

Plus

For Pre-Paid Contracts only:

\$

GST on Pre-Paid Contract only

Total Customer Payment

\$

Regular Contribution Details

Regular Contribution Amount

\$

Plus

Contribution Fee

\$

1.95% of Net Amount invested

Equals

Customer Payment

\$

Number of Contributions

* Stamp Duty will be debited from the Net Amount invested if applicable



Before signing this Application form, applicants should read the DS to which this application is attached. This Application form must not be handed on unless attached to the DS. Applicants under 16 years of age require the written consent of a parent or guardian.

Declaration

- I/We apply for a KeyInvest Funeral Bond as indicated and agree that:
- I/We have read this Disclosure Statement dated 1 September 2008,
 - I/We are subject to the information contained in this Disclosure Statement and the terms and conditions contained in the Constitution of KeyInvest, as amended,
 - The information I/we have provided is true and correct,
 - I/We understand that the Funeral Bond does not mature until my/our death and that no redemptions are possible (other than in accordance with the Cooling-Off entitlement),
 - The amount of my/our contributions do not exceed my/our anticipated funeral expense,
 - I/We acknowledge that KeyInvest does not guarantee the investment performance of the product,
 - I/We agree that in the event the company is wound up and unable to meet its liabilities, to contribute the sum of \$1.00 only, towards the meeting of these liabilities,
 - I/We acknowledge that I/We shall be responsible for any stamp duty payable on the issue of my policy or any subsequent assignment of my policy to a funeral director in consideration of a pre-arranged funeral contract.

If you do not wish to receive newsletters or information in relation to our other products and services, please tick box:

If application is in joint names, all applicants are required to sign.

If application is made under a Power of Attorney, a certified copy of the Power of Attorney must accompany this application.

Applicant 1 signature

Date

 / /

Applicant 2 signature

Date

 / /

Financial Adviser's use only

Financial Adviser's Name

Financial Adviser's Group

Financial Adviser's Office

Telephone

 ()

Facsimile

 ()

Email Address

Financial Adviser's Stamp

Rebating Commission - this section must be fully completed by the Financial Adviser

If no nomination is made, standard commission will be paid.

Please indicate the Commission Fee to be charged on the initial and ongoing investment

Initial Commission (maximum 2.5%) . %

Ongoing Commission (maximum 0.3%) . %

Note: The nominated amount above excludes 10% GST.





Direct Debit Request (DDR)



Request and Authority to debit the account named below to pay KeyInvest Ltd.

Request and Authority to debit:

Surname

Given Names ('you')

request and authorise KeyInvest - Identification Number 8289 to arrange for any amount KeyInvest may debit or charge you to be debited through the Bulk Electronic Clearing System form an account held at the financial institution identified below subject to the terms and conditions of the Direct Debit Request Service Agreement and any further instructions provided below

Insert the name & address of financial institution at which account is held:

Financial Institution Name

Address

Insert details of account to be debited:

Name in which account is held

BSB number

Account number

Acknowledgement:

By signing this Direct Debit Request you acknowledge having read and understood the terms and conditions governing the debit arrangements between you and KeyInvest as set out in this Request and in your Direct Debit Request Service Agreement.

Insert frequency of debits:

Regular Contributions - debits may be made on the 15th of every month

Lump Sum Contribution - this authority is for one payment only of: \$

Insert your signature and address:

Signature Date

Address





Direct Debit Request Service Agreement



Definitions

account means the account held at **your financial institution** from which **we** are authorised to arrange for funds to be debited.

agreement means this Direct Debit Request Service Agreement between **you** and **us**.

business day means a day other than a Saturday or a Sunday or a public holiday listed throughout Australia.

debit day means the day that payment by **you** to **us** is due.

debit payment means a particular transaction where a debit is made.

direct debit request means the Direct Debit Request between **us** and **you** (and includes any Form PD-C approved for use).

us or **we** means KeyInvest Ltd who **you** have authorised by signing a **direct debit request**.

you means the customer who signed the **direct debit request**.

your financial institution is the financial institution where **you** hold the **account** that **you** have authorised **us** to arrange to debit.

1 Debiting your account

- 1.1 By signing a direct debit request, you have authorised us to arrange for funds to be debited from your account. You should refer to the direct debit request and this agreement for the terms of the arrangement between us and you.
- 1.2 We will only arrange for funds to be debited from your account as authorised in the direct debit request.
- 1.3 If the debit day falls on a day that is not a business day, we may direct your financial institution to debit your account on the following business day.
- 1.4 If you are unsure about which day your account has or will be debited you should ask your financial institution.

2 Changes by us

- 2.1 We may vary any details of this agreement or a direct debit request at any time by giving you at least fourteen (14) days written notice.

3 Changes by you

- 3.1 Subject to 3.2 and 3.3, you may change the arrangements under a direct debit request by contacting us on 1300 658 904.
- 3.2 If you wish to stop or defer a debit payment you must notify us in writing at least seven (7) days before the next debit day. This notice should be given to us in the first instance.
- 3.3 You may also cancel your authority for us to debit your account at any time by giving us seven (7) days notice in writing before the next debit day. This notice should be given to us in the first instance.

4 Your obligations

- 4.1 It is your responsibility to ensure that there are sufficient clear funds available in your account to allow a debit payment to be made in accordance with the direct debit request.
- 4.2 If there are insufficient clear funds in your account to meet a debit payment:
 - (a) you may be charged a fee and/or interest by your financial institution;
 - (b) you may also incur fees or charges imposed or incurred by us; and
 - (c) you must arrange for the debit payment to be made by another method or arrange for sufficient clear funds to be in your account by an agreed time so that we can process the debit payment.
- 4.3 You should check your account statement to verify that the amounts debited from your account are correct.
- 4.4 If National Australia Bank Limited ABN 12 004 044 937 ("National") is liable to pay Goods and Services Tax ("GST") on a supply made by the National in connection with this agreement, then you agree to pay the National on demand an amount equal to the consideration payable for the supply multiplied by the prevailing GST rate.

5 Dispute

- 5.1 If you believe that there has been an error in debiting your account, you should notify us directly on 1300 658 904 and confirm that notice in writing with us as soon as possible so that we can resolve your query more quickly.
- 5.2 If we conclude as a result of our investigations that your account has been incorrectly debited we will respond to your query by arranging for your financial institution to adjust your account (including interest and charges) accordingly. We will also notify you in writing of the amount by which your account has been adjusted.
- 5.3 If we conclude as a result of our investigations that your account has not been incorrectly debited we will respond to your query by providing you with reasons and any evidence for this finding.
- 5.4 Any queries you may have about an error made in debiting your account should be directed to us in the first instance so that we can attempt to resolve the matter between us and you. If we cannot resolve the matter you can still refer it to your financial institution which will obtain details from you of the disputed transaction and may lodge a claim on your behalf.

6 Accounts

- 6.1 You should check:
 - (a) with your financial institution whether direct debiting is available from your account as direct debiting is not available on all accounts offered by financial institutions;
 - (b) your account details which you have provided to us are correct by checking them against a recent account statement; and
 - (c) with your financial institution before completing the direct debit request if you have any queries about how to complete the direct debit request.

7 Confidentiality

- 7.1 We will keep any information (including your account details) in your direct debit request confidential. We will make reasonable efforts to keep any such information that we have about you secure and to ensure that any of our employees or agents who have access to information about you do not make any unauthorised use, modification, reproduction or disclosure of that information.
- 7.2 We will only disclose information that we have about you:
 - (a) to the extent specifically required by law; or
 - (b) for the purposes of this agreement (including disclosing information in connection with any query or claim).

8 Notice

- 8.1 If you wish to notify us in writing about anything relating to this agreement, you should write to PO Box 3340, Rundle Mall SA 5000
- 8.2 We will notify you by sending a notice in the ordinary post to the address you have given us in the direct debit request.
- 8.3 Any notice will be deemed to have been received two (2) business days after it is posted.



Important

- (1) Complete and sign both Assignment Forms if you wish to assign your policy to a nominated Funeral Director
- (2) Applicants and the Assignee Funeral Director should complete this Form.

I and (Member(s)/Transferor(s))
 (Applicant 1) (Applicant 2)

subject to the provisions herein HEREBY ASSIGN all my/our policy rights, title and interest (excluding membership rights) in respect of the KeyInvest Funeral Bond to the Funeral Director or other person described and who signs hereunder as the Transferee Funeral Director provided, however, this assignment is subject to the policy being issued by KeyInvest Ltd and shall not become effective until the expiration of the 30 day cooling-off period. I/We enclose a copy of the pre-arranged funeral contract with the Transferee Funeral Director. I/We acknowledge that I/we shall be responsible for any stamp duty payable upon the assignment of my/our policy to a Funeral Director.

Name of Transferee Funeral Director

Address

Postcode

Important information

The Transferee Funeral Director can only be a natural person or company and may be acting in the capacity of a trustee of a fund relating to the provision of pre-arranged funerals or other similar arrangements. This assignment transfers complete ownership of the KeyInvest Funeral Bond to the Transferee Funeral Director except for membership of KeyInvest.

When this assignment is made pursuant to, or as a result of any contract, trust or any other type of arrangement between the Member(s)/Transferor(s) and a Transferee Funeral Director in respect of a pre-arranged funeral contract or other similar arrangements, KeyInvest does not accept any liability or responsibility to ensure that such contract, trust or other obligations are met in part or full.

KeyInvest undertakes to pay the policy benefits to the Transferee Funeral Director on receipt by KeyInvest of satisfactory written evidence of the carrying out of the contracted funeral service by the Transferee Funeral Director.

This assignment is not valid until registered by KeyInvest

This assignment must be forwarded to KeyInvest by the Member(s), and after registration an endorsed copy shall be returned to the Transferee Funeral Director. Two copies of this Assignment Form must be forwarded to KeyInvest.

Signature of Member(s)	Applicant 1	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Applicant 2	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature/Seal of Transferee Funeral Director	<input type="text"/>			Date	<input type="text"/>	<input type="text"/>

Post completed Application Form and Funeral Director Assignment Forms to:

KeyInvest
Reply Paid 3340 (no postage stamp required)
Rundle Mall SA 5000

Office use only

Date of transfer of registration	<input type="text"/>	Policy No	<input type="text"/>
Authorised Officer's signature	<input type="text"/>		





Attach copy of Pre-Paid Funeral Contract here



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