☐ Income Security Fund

Policy No: ☐☐☐☐☐☐☐☐☐☐ **Member No:** ☐☐☐☐☐☐☐☐☐☐

Full Name Of Member ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Address ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Postcode ☐☐☐☐

Please make the following regular deduction:

☐ Please credit my bank account as nominated below with a regular instalment amount of

$ ☐☐☐☐ . ☐☐ per ☐☐☐☐☐☐☐ (month/quarter/year) until further notice.

☐ Please credit my Annual Bonus payment to my nominated Bank Account after allocation, the details of which are provided below.

Account Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

BSB No ☐☐☐ - ☐☐☐ Account No ☐☐☐☐☐☐☐☐☐

Name o Financial Institution ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

☐ Please cancel my deduction authority

It is hereby declared and agreed that this authority will remain valid until revoked or altered by me/us in writing. I/We also understand that KeyInvest Ltd accepts this instruction under the conditions and rules governing KeyInvest Ltd, who will incur no responsibilities under this authority.

Signature ________________________ Date D D M M Y Y Y Y

Signature ________________________ Date D D M M Y Y Y Y

ABN 74 087 649 474 AFSL 240667

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