



2. PAYMENT INSTRUCTIONS

Please note third party payments are not available.

Credit my bank, building society or credit union account (complete Section 3)

Mail a cheque (complete Section 4)

3. NOMINATED ACCOUNT FOR WHERE MY PROCEEDS ARE TO BE PAID

Name of financial institution

Branch where account is held

Account name

BSB number  -  Account number

4. ADDRESS WHERE CHEQUE IS TO BE SENT

Address

State  Postcode

Country

For the attention of

5. WITHDRAWAL INSTRUCTIONS

**Life Events Bond or Supersaver Bond Fund** - A withdrawal made before the end of your "10 year anniversary" of your Life Events Bond or Supersaver Bond Fund policy will result in tax implications. Refer to the PDS for more information and it is recommended that you seek advice from your Financial Adviser:

**Minimum withdrawal** for Life Events Bond and Supersaver Bond Fund is \$500 and Income Security Fund \$200.

**Minimum account balance** for Life Events Bond, Supersaver Bond Fund and Income Security Fund is \$1,000.

**Full withdrawal**  Go to Section 6.

**Partial withdrawal**  Please indicate below the amount to be withdrawn in dollars against the relevant fund.

Investment fund	Withdrawal amount
<b>LIFE EVENTS BOND</b> (min \$50.00 per investment option)	
Balanced	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Growth	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
High Growth	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Australian Shares	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
International Shares	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Australian Cash	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
<b>SUPERSAVER BOND FUND</b>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
<b>INCOME SECURITY FUND</b>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>

6. DECLARATION

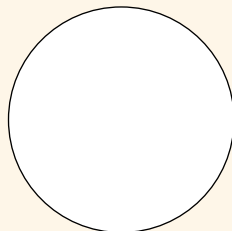
I/we the policy owner(s), whose signature(s) appear below, hereby understand/acknowledge and agree as follows:

- My/our decision in relation to this product is based on the material received, including the PDS which I/we have received, read and understood.
- I/We agree to be bound by the terms of my/our Policy.
- In the event of any inconsistency between the terms of my/our Policy and the information contained in the PDS, the terms of the Policy will prevail.
- I/We accept that KeyInvest Ltd may send me/us information about its products or services from time to time. I/We understand that I/We may notify you of my/our decision not to receive further information by contacting you directly.
- I/We acknowledge that for Life Events Bond transactions by direct debit, the unit price used to purchase units in an investment fund(s) will be the unit price effective the day that your monies are received in our bank account.
- I/We acknowledge that the performance of an investment fund is not guaranteed by KeyInvest Ltd unless otherwise stated in the PDS.
- In consideration of payment of the part or full value of my contribution stated, I hereby waive all rights to further claims on KeyInvest Ltd under the Assurance evidenced by the above Policy for that part of the contribution so surrendered.

Signature of Policy Owner 1  Date

Signature of Policy Owner 2  Date

Company Seal  
(if applicable)



OFFICE USE ONLY			
Withdrawal Date	Nett Amount	Total Bonus	Total Payable
Fund Option		Amount of Units	
Payee			
Date Sent / /		Authorised	

## 7. CONTACT US

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Rundle Mall SA 5000

**Phone:** 1300 658 904

**Email:** [info@keyinvest.com.au](mailto:info@keyinvest.com.au)

**Web:** [www.keyinvest.com.au](http://www.keyinvest.com.au)

**Hours of operation:** 8.30am - 5.00pm Adelaide (CST)