

Change of Beneficiary Nomination

For KeyInvest Life Events Bond



Member No:

Policy No:

1) POLICY OWNER(S) DETAILS

Policy Owner 1

Title Mr Mrs Ms Miss Dr Other

Surname

Given name(s)

Date of birth Contact Number

Policy Owner 2

Title Mr Mrs Ms Miss Dr Other

Surname

Given name(s)

Date of birth Contact Number

2) CHANGE OF NOMINATED BENEFICIARY

I/We nominate the following person(s) or entities based on the percentages of total benefit to receive the proceeds payable upon death of the last remaining life insured, in accordance with the fund rules.

Beneficiaries can only be nominated where the policy owner(s) is/are also the life/lives insured. This nomination revokes all previous nominations made with respect to this policy.

Beneficiary 1

Title Mr Mrs Miss Other

Surname/Company/Trust Name

Given name(s)

Date of birth

Unit no. Street no. If Company, ABN

Street name Suburb

State Postcode Country

Email Home no.

Percentage of total benefit % Mobile/Bus

Beneficiary 2

Title Mr Mrs Miss Other

Surname/Company/Trust Name

Given name(s)

Date of birth

Unit no. Street no. If Company, ABN

Street name Suburb

State Postcode Country

Email Home no.

Percentage of total benefit % Mobile/Bus

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Beneficiary 3

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	Other	<input type="text"/>
Surname/Company/ Trust Name	<input type="text"/>				
Given name(s)	<input type="text"/>				
Date of birth	<input type="text"/>				
Unit no.	<input type="text"/>	Street no.	<input type="text"/>	If Company, ABN	<input type="text"/>
Street name	<input type="text"/>			Suburb	<input type="text"/>
State	<input type="text"/>	Postcode	<input type="text"/>	Country	<input type="text"/>
Email	<input type="text"/>			Home no.	<input type="text"/>
Percentage of total benefit	<input type="text"/>	%		Mobile/Bus	<input type="text"/>

Beneficiary 4

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	Other	<input type="text"/>
Surname/Company/ Trust Name	<input type="text"/>				
Given name(s)	<input type="text"/>				
Date of birth	<input type="text"/>				
Unit no.	<input type="text"/>	Street no.	<input type="text"/>	If Company, ABN	<input type="text"/>
Street name	<input type="text"/>			Suburb	<input type="text"/>
State	<input type="text"/>	Postcode	<input type="text"/>	Country	<input type="text"/>
Email	<input type="text"/>			Home no.	<input type="text"/>
Percentage of total benefit	<input type="text"/>	%		Mobile/Bus	<input type="text"/>

If you wish to nominate additional beneficiaries, please attach the necessary information. (Total percentage amount of all nominated beneficiaries must equal 100%).

Alternatively, on my death, please pay the proceeds of my policy to my estate

3) DECLARATION

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

- 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 declare that the information on this form is true and correct and that the details have been completed by me/us.

Signature of Policy Owner 1

Date

Signature of Policy Owner 2

Date

4) CONTACT DETAILS

Phone: 1300 658 904

Email: info@keyinvest.com.au

Web: www.keyinvest.com.au

Hours of Operation: 8.30am - 5.00pm (CST)

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