

Note: You can make additional investments by BPAY without the need to lodge this form. To make a contribution by BPAY contact KeyInvest on **1300 658 904**.

Member No:

Policy No:

1) Policy Owner(s) Details

Policy Owner 1

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Dr	Other	<input type="text"/>
Surname/Company/ Trust Name	<input type="text"/>						
Given name(s)	<input type="text"/>						
Date of birth	D D / M M / Y Y			Contact number		<input type="text"/>	
If Company, ABN	<input type="text"/>						

Policy Owner 2

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Dr	Other	<input type="text"/>
Surname/Company/ Trust Name	<input type="text"/>						
Given name(s)	<input type="text"/>						
Date of birth	D D / M M / Y Y			Contact number		<input type="text"/>	
If Company, ABN	<input type="text"/>						

Contact Details

Unit no.	<input type="text"/>	Street no.	<input type="text"/>	Suburb	<input type="text"/>
Street name	<input type="text"/>			Country	<input type="text"/>
State	<input type="text"/>	Postcode	<input type="text"/>		
Home phone	<input type="text"/>				
Bus/Mobile	<input type="text"/>			Fax	<input type="text"/>
Email	<input type="text"/>				

2) Payment Options

Cheque (please make payable to "KeyInvest Ltd" - third party cheques not accepted)

Direct Debit - please complete details below

Direct Debit Request

I/we request and advise KeyInvest (Identification Number 113657) to arrange for any amount KeyInvest may debit or charge to be debited through the Bulk Electronic Clearing System from an account held at the financial institution identified below.

(Note: contributions by credit card are not accepted)

Name of Financial Institution			
Branch			
Account Name			
BSB Number		-	Account Number
Amount to be Deducted	\$,	.

I/We acknowledge having read and understood the Terms and Conditions governing the debit arrangements as set out in the Direct Debit Request Service Agreement on page 5.

All bank account signatories must sign below.

Signature of Account Holder 1

Date / /

Signature of Account Holder 2

Date / /

3) Investment Details

Please specify the amount to be invested as a lump sum. (For Life Events Bond and Supersaver Bond Fund, the maximum additional investment is 125% of the previous policy year's total contributions, please see the relevant Product Disclosure Statement (PDS) for further information).

No.	Investment Options	Fund Manager	New RSP amount	Fund Code KI use only
Part A1 Indexed Diversified				
1	Conservative Indexed	Vanguard	\$	11
2	Balanced Indexed	Vanguard	\$	12
3	Growth Indexed	Vanguard	\$	13
4	High Growth Indexed	Vanguard	\$	14
Part A2 Indexed Sector Specific				
5	Fixed Interest Indexed	Vanguard	\$	15
6	Australian Property Securities Indexed	Vanguard	\$	16
7	Australian Shares Indexed	Vanguard	\$	02
8	International Shares Indexed	Vanguard	\$	17
Part B Diversified				
9	Conservative	Russell	\$	10
10	Balanced	Russell	\$	04
11	Growth	Russell	\$	05
12	High Growth	Russell	\$	06
13	Active Diversified Geared	MLC	\$	18
Part C Sector Specific				
14	Australian Cash	Russell	\$	09
15	Term Deposit	KeyInvest	\$	01
16	Active Cash	Smarter Money	\$	19
17	Fixed Interest	Schroder	\$	20
18	Australian Property Securities	MLC	\$	21
19	Infrastructure	Magellan	\$	22
20	Australian Shares	Fidelity	\$	23
21	Australian Shares Multi	Russell	\$	07
22	Australian Shares Value	Investors Mutual	\$	24
23	Australian Shares Value	Investors Mutual	\$	25
24	Australian International Shares Long-Short	Watermark Funds Management	\$	26
25	Australian Shares Geared	Perpetual	\$	27
26	International Shares Multi	Russell	\$	08
27	International Shares	Magellan	\$	28
TOTAL LIFE EVENTS BOND				

4) Service Fee Payment Instructions (Optional)

You may instruct KeyInvest to pay your financial adviser or service provider, nominated in section 6, an additional service fee. Please note service fees will be payable to your adviser or service provider by a withdrawal from your investment up to four weeks after processing this transaction.

Payment Options

A. Additional service fee

I/We agree that the following amount is withdrawn from my/our investment as a once off additional service fee payable to my/our financial adviser or service provider nominated in section 6.

Fixed dollar amount

% of initial investment

5) Financial Adviser Details

Adviser name	<input type="text"/>		
Adviser DOB	<input type="text" value="DD / MM / YY"/>	Company name	<input type="text"/>
Dealer group/service provider name	<input type="text"/>		
Dealer group AFS license number	<input type="text"/>		
Adviser AFS representative number	<input type="text"/>		

Contact Details

Daytime phone	<input type="text"/>	Mobile	<input type="text"/>
Email	<input type="text"/>		

Business address (must not be a PO Box)

Unit no.	<input type="text"/>	Street no.	<input type="text"/>	Suburb	<input type="text"/>
Street name	<input type="text"/>			Country	<input type="text"/>
State	<input type="text"/>	Postcode	<input type="text"/>		

Signature of Financial Adviser

Date

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 Product Disclosure Statement (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 may send me/us information about its products or services from time to time.
- I/We acknowledge that funds will be contributed as per my/our instructions above as at the date of acceptance of this form by KeyInvest.
- I/We acknowledge that the performance of an investment fund is not guaranteed by KeyInvest Ltd
- I/We acknowledge that for the Funeral Bond, the unitised options used to purchase units will be the unit price effective the day that KeyInvest receives the completed Additional Investment Form. Forms received after 2:00pm CST on a Tuesday will be processed using the following days unit price.

Signature of Policy Owner 1

Date

DD / MM / YY

Signature of Policy Owner 2

Date

DD / MM / YY

7) Contact Details

Street Address: KeyInvest
Level 5, 49 Gawler Place
Adelaide SA 5000

Postal Address: KeyInvest
PO Box 3340
Rundle Mall SA 5000

Phone: 1300 658 904
Email: info@keyinvest.com.au
Web: www.keyinvest.com.au
Hours of Operation: 8.30am - 5.00pm (CST)

OFFICE USE ONLY

Policy Owner/Member details and signature verified:

Processing of form complete

Date

DD / MM / YY

8) 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.
- *us or we* means KeyInvest Ltd.
- *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 or 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. If you have selected automatic increases in the application form we will increase your regular debit amount by the nominated percentage annually from the commencement of the regular debit.

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. 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 Commonwealth Bank of Australia A.B.N. 48 123 123 124 ("CBA") is liable to pay goods and services tax ("GST") on a supply made by the CBA in connection with this agreement, then you agree to pay the CBA 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 Adelaide 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 business days after it is posted.