

# Life Events Bond Company Application Form

Before you sign this application, you must read the current Product Disclosure Statement (PDS) together with any supplementary PDS's.

## 1. Investor Details

Full Legal Name  
(As registered by ASIC)

ABN/ARBN/ACN

Business Type

Account Name  
(If different from above)

## 2. Full Registered Address

**Must not be a PO Box**

Unit Number

Street No

Street Name

Suburb

State

Postcode

Country

## 3. Principal Place Of Business (If different from full registered address)

**Must not be a PO Box**

Unit Number

Street No

Street Name

Suburb

State

Postcode

Country

## 4. Postal Address (if different from full registered address)

Unit Number

Street No

Street Name

Suburb

State

Postcode

Country

**Contact Details**

Phone

Mobile

Email

## 5. Company Type

Select ONE of the following categories

**Proprietary**

(i.e. a company with a name ending in Proprietary Ltd or Pty Ltd; also known as private companies)

*Proceed to Section 7*

**Public**

(i.e. a company with a name that does not include the word Pty or proprietary)

*Proceed to Section 6*

## 6. Listing And Regulatory Details

Select ANY of the following categories if applicable

**Australian Public Listed Company**

(companies that are listed on an Australian financial market such as the ASX)

Name of market  
or exchange

**Majority owned subsidiary of an Australian public listed company**

(companies that are majority owned by an Australian company that is listed on an Australian financial market such as the ASX)

Australian listed  
company name

Name of market  
or exchange

**Regulated company**

(subject to the supervision of a Commonwealth, State or Territory statutory regulator beyond that provided by ASIC as a company registered body.

Examples include Australian Financial Services Licensees (AFSL); Australian Credit Licenses (ACL); or Registrable Superannuation Entity (RSE) Licensees).

Regulator name

Licence details  
(e.g. AFSL, ACL, RSE)

## 7. Director Details

How many directors does your company have?

### Director 1

Title                      Mr              Mrs              Ms              Miss              Dr      Other

Surname

Given Names

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### Director 2

Title                      Mr              Mrs              Ms              Miss              Dr      Other

Surname

Given Names

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### Director 3

Title                      Mr              Mrs              Ms              Miss              Dr      Other

Surname

Given Names

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### Director 4

Title                      Mr              Mrs              Ms              Miss              Dr      Other

Surname

Given Names

Please attach a separate page if your company has more than four (4) Directors.

## 8. Beneficial Ownership

Are there any individuals who ultimately own 25% or more of the company's issued share capital (through direct or indirect shareholdings)?

**Yes** (*Complete Section 9*)

**No** (*Proceed to Section 10*)

## 9. To Be Completed For All Companies That Did Not Make a Selection At Section 6

Please provide details for all beneficial owners of the company. A beneficial owner is:

- someone who holds 25% or more of the issued shares in the company either directly or indirectly eg through trusts
- or a person who controls the company (i.e. able to vote on 25% or more of issued shares in the company, including veto power)
- if neither of the above then list the CEO or most senior decision makers i.e. the managing director or directors who are authorised in the company

### Beneficial Owner 1

Full Name

Date of Birth

Address

Suburb

State

Postcode

Country

### Beneficial Owner 2

Full Name

Date of Birth

Address

Suburb

State

Postcode

Country

### Beneficial Owner 3

Full Name

Date of Birth

Address

Suburb

State

Postcode

Country

### Beneficial Owner 4

Full Name

Date of Birth

Address

Suburb

State

Postcode

Country

## 10. Identification Procedures

KeyInvest must verify:

- the full name of the company as registered by ASIC;
- the registered office address;
- the company registration as a Proprietary Company (i.e., Pty Ltd); and
- Australian Company Number (ACN).

To verify this information you must provide to KeyInvest the following documents listed at A or B.

**Please mark x to indicate the type of documentation that you are providing.**

**A** Original or certified copy of a certificate registration issued by ASIC

OR

**B** Current Company search of the ASIC database

KeyInvest also needs to identify each of the beneficial owners listed in this application.

This can be completed in this section or by downloading an Individual ID Form from

[keyinvest.com.au/financial/forms-tools/](https://keyinvest.com.au/financial/forms-tools/)

### **Customer identification procedures for all beneficial owners named in Section 9**

KeyInvest must verify your:

- Full name
- Date of birth
- Residential address

In order for KeyInvest to verify this information:

- Each LEB beneficial owner **MUST** supply **ONE** original or certified copy of a primary identification document from the Document List on the next page.

## Document List

### Primary Photographic Identification Documents

Beneficial Owner 1	Beneficial Owner 2	Beneficial Owner 3	Beneficial Owner 4	
				Current Australian driver's licence
				Australian passport (not expired more than 2 years)
				Current international passport
				Current proof of age card (government issued)

### Primary Non-Photographic Identification Documents

Beneficial Owner 1	Beneficial Owner 2	Beneficial Owner 3	Beneficial Owner 4	
				Birth certificate
				Citizenship certificate
				Current Centrelink pension card

### Does your primary identification document contain BOTH a photo AND your current residential address?

**Yes** No additional information is required

**No** You must also supply ONE original or certified copy of a secondary identification document that contains your current residential address from the Document List immediately below:

### Secondary Identification Documents

Beneficial Owner 1	Beneficial Owner 2	Beneficial Owner 3	Beneficial Owner 4	
				Utility bill or Council rates notice (less than 3 months old)
				Taxation notice or Centrelink statement (less than 12 months old)

### Authorised persons who can certify customer identification documents

Your photocopied identification documents must be signed as certified true copies by one of the following:

A nominated employee of KeyInvest	A registrar or deputy registrar of a court
An officer with, or authorised representative of, a holder of an Australian Financial Services Licence, having 2 or more continuous years of service with one or more licensees (e.g. financial adviser)	An Australian consular officer or an Australian diplomatic officer
A lawyer	A judge of a court
A magistrate	A Chief Executive Officer of a Commonwealth court
A notary public	A Justice of the Peace
An authorised Australian Post Office permanent employee	An accountant (member of the ICA or CPA)
An officer with 2 or more continuous years of service with one or more finance institutions	

## 11. Life Insured Details

You MUST nominate a natural person(s) as Life Insured and include identification documents for the Life Insured as per section 10 above. The death of the last surviving Life Insured (in case of multiple Lives Insured) will trigger the pay out of the Life Events Bonds proceeds. You may nominate up to two Lives Insured.

### Life Insured 1

Title  Mr  Mrs  Ms  Miss  Dr  Other

Surname

Given Names

Date of Birth

Gender  Female  Male  Other

### Residential Address (must not be a PO Box)

Unit Number  Street No

Street Name  Suburb

State  Postcode  Country

### Mailing Address (if different to above address)

Unit Number  Street No

Street Name  Suburb

State  Postcode  Country

### Contact Details

Daytime Telephone  Mobile

Email Address

**Life Insured 2**

Title  Mr  Mrs  Ms  Miss  Dr  Other

Surname

Given Names

Date of Birth  Gender  Female  Male  Other

**Residential Address** (must not be a PO Box)

Unit Number  Street No

Street Name  Suburb

State  Postcode  Country

**Mailing Address** (if different to above address)

Unit Number  Street No

Street Name  Suburb

State  Postcode  Country

**Contact Details**

Daytime Telephone  Mobile

Email Address



## 12. Investment Options

### Investment term

You can nominate an investment term between one and 99 years. If you do not make a selection the default term is 99 years. You can still access your investment any time after the first three months.

Investment Term                                  Years. You may change your investment term at any time.

### Investment Options

- Specify amount to be invested as a lump sum and your Regular Savings Plan amount (if applicable).
- Minimum initial Lump Sum investment is \$100, subject to \$100 per Investment Option.
- Minimum Initial Regular Savings Plan is \$25, subject to \$25 per Investment Option.

No.	Investment Options	UFM	Lump Sum Invested	(per month) Regular Savings Plan
<b>Part A Indexed Diversified</b>				
1	Conservative Indexed	Vanguard	\$	\$
2	Balanced Indexed	Vanguard	\$	\$
3	Growth Indexed	Vanguard	\$	\$
4	High Growth Indexed	Vanguard	\$	\$
<b>Part B Indexed Sector Specific</b>				
5	Fixed Interest Indexed	Vanguard	\$	\$
6	Australian Property Securities Indexed	Vanguard	\$	\$
7	Australian Shares Indexed	Vanguard	\$	\$
8	International Shares Indexed	Vanguard	\$	\$
<b>Part C Diversified</b>				
9	Conservative	Russell	\$	\$
10	Balanced	Russell	\$	\$
11	Growth	Russell	\$	\$
12	High Growth	Russell	\$	\$
13	Active Diversified Geared	MLC	\$	\$
<b>Part D Sector Specific</b>				
14	Australian Cash	Russell	\$	\$
15	Term Deposit	KeyInvest	\$	\$
16	Active Cash	Smarter Money	\$	\$
17	Fixed Interest	Schroder	\$	\$
18	Australian Property Securities	MLC	\$	\$
19	Infrastructure	Magellan	\$	\$
20	Australian Shares	Fidelity	\$	\$
21	Australian Shares Multi	Russell	\$	\$
22	Australian Shares Value	Investors Mutual	\$	\$
23	Australian Shares Industrial	Investors Mutual	\$	\$
25	Australian Shares Geared	Perpetual	\$	\$
26	International Shares Multi	Russell	\$	\$
27	International Shares	Magellan	\$	\$
<b>Total Invested (before deducting stamp duty)</b>			\$	\$

### Stamp duty information

This is a government charge that may be payable depending on your State/Territory of residence.

AML CTF law requires that we collect information regarding your source of funds and wealth. Please tick the relevant box in each table. Please note that the application cannot be processed without this information.

#### Source of funds i.e. the origin of this contribution to establish your LEB

<input type="checkbox"/>	Employment Income
<input type="checkbox"/>	Existing savings or investments
<input type="checkbox"/>	Proceeds from an inheritance
<input type="checkbox"/>	Other (please specify below, eg sale of assets, gift)

#### Source of wealth i.e. how you generate your wealth

<input type="checkbox"/>	Savings from employment income
<input type="checkbox"/>	Profit from investing
<input type="checkbox"/>	Proceeds from an inheritance
<input type="checkbox"/>	Other (please specify below)

## 13. Payment Options

**Cheque**      *Make cheques payable to "KeyInvest Ltd"*

**Direct Debit**      *Complete the attached Direct Debit Request (DDR) Form*

**BPAY** Once we receive your application we will contact either:

**LEB Investor 1**      With the biller code and your Customer Reference Number (CRN) to allow the initial payment to be made.

**Your Financial Adviser**

## 14. Automatic Increases To Regular Savings Plan

You can elect to automatically increase your Regular Savings Plan (if selected). Only applicable by Direct Debit.

**Do you wish to automatically increase your Regular Savings Plan?**

Yes

No

Annual percentage increase

(up to a maximum of 25%)

## 15. Purpose Of Investing

**What are your reasons for investing. Please choose one or more;**

<input type="checkbox"/>	Child's education	<input type="checkbox"/>	General savings
<input type="checkbox"/>	Alternative to super	<input type="checkbox"/>	Estate planning/wealth transfer
<input type="checkbox"/>	Life event (please specify)	<input type="checkbox"/>	Other (please specify)

## 16. Service Fee Payment Instructions (Optional)

You may instruct KeyInvest to pay your financial adviser or service provider an initial service fee, ongoing service fee or both. Please note service fees will be payable to your adviser or service provider by a withdrawal from your Investment each month.

### Payment options

#### A. Initial service fee

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

Fixed dollar amount

% of initial investment

#### B. Ongoing service fee

I/We agree that the following amount is withdrawn from my/our investment as an ongoing service fee, payable to my/our financial adviser or service provider.

Fixed dollar amount

% of average  
daily balance

If you invest into more than one Investment Option the service fee will be deducted proportionately across each option.

## 17. Tax Residency Declaration

### a) Is the entity a tax resident in any country other than Australia?

Yes

No

If you answered 'Yes' KeyInvest will send a CRS Entity Self-Certification Form.

### b) Are any of the beneficial owners named in Section 9 tax residents in any country other than Australia?

Yes

No

If you answered 'Yes' KeyInvest will send a CRS Controlling Person Self-Certification Form.

If you answered 'No' to both a) and b) no further action is required regarding tax residency.

## 18. Agreement and Declaration

- If your name appears on this Application Form, or you are the parent or guardian of a minor, or an authorised representative of the company, trust or other type of investor, you must sign and date this Application Form.
- KeyInvest cannot process this application without these signatures. By Signing this Application Form I/we:
  1. Acknowledge that I/we have received and have been given the opportunity to read the entire LEB PDS dated 19 September 2016 and any supplements to the PDS.
  2. Instruct KeyInvest to complete my/our investment instructions in accordance with the instructions on this form.
  3. Acknowledge that:
    - a. Investments can be subject to investment risk, possible delays in repayment and loss of income and principal invested.
    - b. KeyInvest, or any of its subsidiaries, do not guarantee the performance of the Investment Options or the UMF, or any particular rate of return, and
    - c. I/we have considered the appropriateness of the KeyInvest LEB to my/our investment objectives and needs and have not received specific investment advice from KeyInvest.
  4. Declare that I am/we are not commonly known by any names different to those disclosed in this Application Form, unless I/we have disclosed that information in writing to KeyInvest.
  5. Authorise the collection, use and disclosure of my/our personal information for the purpose of the management and administration of those KeyInvest products and services in which I/we have invested or for which I/we wish to apply, in accordance with the KeyInvest Privacy Policy.
  6. Agree that the information provided on this Application Form may be shared with the financial adviser and/or Financial Dealer group nominated on this form and/or subsequently notified to KeyInvest.
  7. Accept that KeyInvest may send me/us information about its products and/or services from time to time. I/we understand that I/we may notify KeyInvest of my/our decision not to receive further information by contacting KeyInvest directly.
  8. Declare that any document or information to be used for the purposes of this Application (whether or not provided on or with this application):
    - a. Is complete and correct, and
    - b. If it is about another person or party, is provided with the express authority of that person or party where required by law
  9. Acknowledge that it may be a criminal offence to knowingly provide false or misleading information or documents in connection with this application.
  10. Acknowledge in the event of inconsistency between the LEB Benefit Fund Rules (the Rules) and the information contained in the PDS, the Rules will prevail. If an agent is signing this Application on my/our behalf, the last two declarations above are also given by and bind the agent in the personal capacity.

### Investor Signatures

Each signatory below confirms that they have been duly authorised to execute this application on behalf of the investor(s). The signatures of signatory 1 and 2 will be required for any withdrawals to this investment.

Power of Attorney *(tick if applicable)*

Power of Attorney *(tick if applicable)*

Signature of Policy Owner 1

Signature of Policy Owner 2

Date

Date

Full Name

Full Name