

Life Events Bond

Change of Beneficiary Nomination

Member Number

Policy Number

1. Policy Owner(s) Details

Policy Owner 1

Title Mr Mrs Ms Miss Dr Other

Surname/Company/
Trust Name

Given Names

Date of Birth

Contact Number

Email

Policy Owner 2

Title Mr Mrs Ms Miss Dr Other

Surname/Company/
Trust Name

Given Names

Date of Birth

Contact Number

Email

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	Ms	Miss	Dr	Other
Surname/Company/ Trust Name						
Given Names						
If Company, ABN						
Date of Birth					Email	
Phone					Mobile	
Unit Number		Street No				
Street Name					Suburb	
State		Postcode			Country	
Percentage of total benefit						

Beneficiary 2

Title	Mr	Mrs	Ms	Miss	Dr	Other
Surname/Company/ Trust Name						
Given Names						
If Company, ABN						
Date of Birth					Email	
Phone					Mobile	
Unit Number		Street No				
Street Name					Suburb	
State		Postcode			Country	
Percentage of total benefit						

Beneficiary 3

Title	Mr	Mrs	Ms	Miss	Dr	Other
Surname/Company/ Trust Name						
Given Names						
If Company, ABN						
Date of Birth					Email	
Phone					Mobile	
Unit Number		Street N ^o				
Street Name					Suburb	
State		Postcode			Country	
Percentage of total benefit						

Beneficiary 4

Title	Mr	Mrs	Ms	Miss	Dr	Other
Surname/Company/ Trust Name						
Given Names						
If Company, ABN						
Date of Birth					Email	
Phone					Mobile	
Unit Number		Street N ^o				
Street Name					Suburb	
State		Postcode			Country	
Percentage of total benefit						

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 Holder 1

Signature of Policy Holder 2

Date

Date

4. 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 8.30am – 5.00pm (CST)