

Life Events Bond Switch Request Form

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

If Company, ABN

Unit Number

Street No

Street Name

Suburb

State

Postcode

Country

Home Phone

Fax

Mobile

Email

Policy Owner 2

Title Mr Mrs Ms Miss Dr Other

Surname/Company/
Trust Name

Given Names

Date of Birth

If Company, ABN

Unit Number

Street No

Street Name

Suburb

State

Postcode

Country

Home Phone

Fax

Mobile

Email

2. Switch Request Details

What do you want to do? (tick the relevant box)

Full Switch

Partial Switch

No.	Investment Options	Fund Manager	(% or \$ amount) From	(KI use only) Fund Code	(% or \$ amount) To
Part A Indexed Diversified					
1	Conservative Indexed	Vanguard		11	
2	Balanced Indexed	Vanguard		12	
3	Growth Indexed	Vanguard		13	
4	High Growth Indexed	Vanguard		14	
Part B 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 C 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 D Sector Specific					
14	Australian Cash	Russell		09	
15	Term Deposit	KeyInvest		01	
16	Active Cash	Smarter Money		19	
17	Fixed Interest	Schroder		20	
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 Industrial	Investors Mutual		25	
25	Australian Shares Geared	Perpetual		27	
26	International Shares Multi	Russell		08	
27	International Shares	Magellan		28	
Total Life Events Bond					

Do you wish to change your regular savings plan in line with this transaction?

Yes

No

Do you wish to change your regular withdrawal plan in line with this transaction?

Yes

No

3. 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 acknowledge that funds will be switched 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 consent to the collection, use, storage and disclosure of my personal information as described in KeyInvests Privacy Policy which is available at keyinvest.com.au, or by calling KeyInvest.
- I/We acknowledge that for the Life Events Bond, the unit price 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

Signature of Policy Owner 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)

Office Use Only

Policy Holder/Member details and signature verified:
Processing of form complete

Date