



Life Events Bond - KeyPlanner – Nomination or Change of Assignee Form

This section will help you, where necessary, establish additional beneficiary requirements for your Life Events Bond policy. It may also be used to make changes/amendments to existing KeyPlanner nominations.

Guide to completing this form

- Use this form to nominate or update your KeyPlanner transfer instructions.
- Please use BLACK/BLUE ink and complete the applicable sections in BLOCK LETTERS.

1. Investor details

Client number (if known)

Member number

Policy Owner/s

Date of birth (dd/mm/yyyy) (if applicable)

2. Assignee transfer(s) instructions

- Revoke/cancel all existing KeyPlanner transfer instructions
- **complete Section**
- Add new KeyPlanner transfer instructions
- **complete all Sections.**
- Change/replace existing KeyPlanner transfer instructions
- **complete all Sections.**

KEYINVEST KeyPlanner – Nomination or change of Assignee (s) Form

Select the date or event that the transfer of ownership of your LEB is to occur, which will be either:

a Specified Date

Date of future transfer

Please select how you would like your transfer to be handled in the event of your death prior to the specified transfer date. Please select one below:

Transfer on the **Specified Date** date above (**default**)

OR Transfer on death

If you have elected to transfer on 'a Specified Date' above, do you wish to restrict your estate representative from operating the LEB? You may change this instruction at any time prior to your death.

Yes (Default)

My estate representative cannot make any changes to the LEB Policy except change of contact details until the 'Specified Date'.

No

My estate representative can act with full capacity as LEB Policy Owner until the 'Specified Date'.

IMPORTANT - Under the KeyPlanner rules, giving capacity to your estate representative comes with restrictions when operating the LEB as a Policy Owner. It does not include the authority to remove or amend your transfer request, but will allow the estate representative to switch between investment options. We recommend you seek appropriate professional advice.

OR at Death

On the death of the last surviving LEB Policy Owner(s).

Please complete the nomination of assignee details below. The new assignee(s) can be either a natural person, company (including a corporate trustee) or trust.

I/We wish to transfer ownership of my/our LEB investment to the following assignee(s):

Assignee 1 details

Title Mr Mrs Ms Miss Other

Surname

Given Names

Date of Birth Gender Female Male

Residential address (must not be a PO Box, RMB or Locked Bag)

Unit No. Street No.

Street Name Suburb

State Postcode Country

Contact Telephone Email

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Assignee 2 details

Please provide joint assignee details if you wish ownership of your LEB to be transferred to more than one person.

Important: Joint assignee (ownership) is a transfer of ownership of this LEB to a jointly owned Policy and does not result in the creation of separate individual LEB Policies.

Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	Miss <input type="checkbox"/>	Other <input type="text"/>
Surname	<input type="text"/>				
Given Names	<input type="text"/>				
Date of Birth	<input type="text"/>	Gender	Female <input type="checkbox"/>	Male <input type="checkbox"/>	
Residential address (must not be a PO Box, RMB or Locked Bag)					
Unit No.	<input type="text"/>	Street No.	<input type="text"/>		
Street Name	<input type="text"/>			Suburb	<input type="text"/>
State	<input type="text"/>	Postcode	<input type="text"/>	Country	<input type="text"/>
Contact Telephone	<input type="text"/>		Email	<input type="text"/>	

Assignee 3 details

Company including corporate trustee or trust

Please provide company or trust details if you wish to transfer ownership of your LEB investment to a company or trust.

Company/Trust details

Full name of company	<input type="text"/>
ABN/ACN	<input type="text"/>

Company/Trust contact person details

Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	Miss <input type="checkbox"/>	Other <input type="text"/>
Surname	<input type="text"/>				
Given Names	<input type="text"/>				
Date of Birth	<input type="text"/>	Gender	Female <input type="checkbox"/>	Male <input type="checkbox"/>	
Contact Telephone	<input type="text"/>		Email	<input type="text"/>	

Company/Trust registered office address (must not be a PO Box, RMB or Locked Bag)

Unit No.	<input type="text"/>	Street No.	<input type="text"/>		
Street Name	<input type="text"/>			Suburb	<input type="text"/>
State	<input type="text"/>	Postcode	<input type="text"/>	Country	<input type="text"/>

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Access to Funds after transfer to new assignee(s)

I/We agree to give access and control of the LEB to the new assignee(s).

Nominate how and when funds can be accessed by the new assignee(s) under the KeyPlanner transfer feature.

<input type="checkbox"/>	No restrictions on accessing funds The new assignee(s) will be able to access the LEB funds immediately on transfer.
OR <input type="checkbox"/>	Restrict access to funds The new assignee(s) will be able to access the LEB funds based on the below restrictions:
<input type="checkbox"/>	Annual maximum withdrawal limit (optional) Select a fixed dollar amount withdrawal limit \$ <input type="text"/> pa
OR <input type="checkbox"/>	Select % of investment balance at specified transfer date <input type="text"/> % pa
OPTIONAL <input type="checkbox"/>	Remove annual withdrawal restrictions <input type="text"/> years after transfer date. This will give assignee(s) full access to LEB funds once the specified time period for restrictions has past.
<input type="checkbox"/>	Specified time frame for annual restrictions to be lifted.

Important: Natural person(s) **Assignee(s)** will be registered as additional Life Insured(s) to this LEB investment.

In the case of a company or trust being named the new assignee, that company or trust must nominate a natural person as the Life Insured on the transfer of the Policy.

The new assignee(s) will be required to complete all identification verification requirements and any other requirements we may have prior to us registering the transfer.

The KeyPlanner future event or date as nominated by the Policy Owner will be the specified transfer date. The transfer will be completed once the future specified transfer date has been attained and we have registered the transfer.

Declaration and signatures:

I/We confirm that,

I/We have received a copy of the current disclosure document and have read and understood the disclosure document and agree to be bound by the terms and conditions set out in the disclosure document.

I/We agree that if I/we transfer the above investments before the stated future event, then the nominations will be cancelled and revoked with effect as from the date of the transfer.

I/We cancel and revoke all previous KeyPlanner transfer instructions made by me/us in respect to the above investment.

If this form is signed under Power of Attorney, the attorney certifies that he/she has not received notice of revocation of that power.

If your power of attorney has not previously been registered by us, we will require a certified copy of the power of attorney document as well as the appropriate proof of identification documents in accordance with the Anti-Money Laundering and Counter-Terrorism Financing Act 2006.

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Signature of Investor 1

Name (please print)

Signature

Date (dd/mm/yyyy)

Please select the appropriate box:

Individual

Trustee

Director

Power of Attorney

Signature of Investor 2

Name (please print)

Signature

Date (dd/mm/yyyy)

Individual

Trustee

Director

Power of Attorney

You can submit this form by:

Email: info@keyinvest.com.au

Mail: PO Box 3340, RUNDLE MALL SA 5000