



# 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

Full Given Name(s)

Date of Birth (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.*

# KeyPlanner

## Nomination or Change of Assignee Form

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

### A Specified Date

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 on the following pages.*

*The new assignee(s) can be either a natural person, company (including a corporate trustee) or trust.*

# KeyPlanner

## Nomination or Change of Assignee Form

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

### Assignee 1 Details

|  |    |     |           |        |        |       |       |
|--|----|-----|-----------|--------|--------|-------|-------|
| Title  | Mr | Mrs | Ms        | Miss   | Dr     | Other |       |
| Surname  |    |     |           |        |        |       |       |
| Given Names  |    |     |           |        |        |       |       |
| Date of Birth  |    |     |           | Gender | Female | Male  | Other |
| <b>Residential Address</b> (must not be a PO Box, RMB or Locked Bag) |    |     |           |        |        |       |       |
| Unit Number  |    |     | Street No |        |        |       |       |
| Street Name  |    |     |           | Suburb |        |       |       |
| State  |    |     | Postcode  |        |        |       |       |
| Country  |    |     |           |        |        |       |       |
| Contact Telephone  |    |     |           | Email  |        |       |       |

### 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 | Mrs | Ms        | Miss   | Dr     | Other |       |
| Surname  |    |     |           |        |        |       |       |
| Given Names  |    |     |           |        |        |       |       |
| Date of Birth  |    |     |           | Gender | Female | Male  | Other |
| <b>Residential Address</b> (must not be a PO Box, RMB or Locked Bag) |    |     |           |        |        |       |       |
| Unit Number  |    |     | Street No |        |        |       |       |
| Street Name  |    |     |           | Suburb |        |       |       |
| State  |    |     | Postcode  |        |        |       |       |
| Country  |    |     |           |        |        |       |       |
| Contact Telephone  |    |     |           | Email  |        |       |       |



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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.

|   | Assignee 1                                      | Assignee 2                                      | Assignee 3                                      |
|---|---|---|---|
| <b>Full Name</b>  |   |   |   |
| If there is more than one assignee, please nominate the amount of your LEB to be transferred to each assignee by a % amount. Please ensure the total equals 100%.   | %   | %   | %   |
| <b>No restrictions of access to funds</b><br>The new assignee (s) will be able to access the LEB funds immediately on transfer.   |   |   |   |
| <b>OR</b>   |   |   |   |
| <b>Restrict Access to funds</b><br>The new assignee(s) will be able to access the LEB funds based on the below restrictions:  |   |   |   |
| Select a fixed dollar amount withdrawal limit p.a.  | \$ p.a.   | \$ p.a.   | \$ p.a.   |
| <b>OR</b>   |   |   |   |
| Select % of investment balance at specified transfer date p.a   | % p.a.  | % p.a.  | % p.a.  |
| <b>OR</b>   |   |   |   |
| Select the frequency of payments to be received by the new assignee(s)  | Monthly<br>Quarterly<br>Six Monthly<br>Annually | Monthly<br>Quarterly<br>Six Monthly<br>Annually | Monthly<br>Quarterly<br>Six Monthly<br>Annually |
| Amount of Payment   | \$  | \$  | \$  |
| <b>Optional</b><br><b>Specified no. of years after transfer for annual restrictions to be lifted.</b><br>This will give assignee (s) full access to LEB funds once the specified time period for restrictions has passed. | yrs   | yrs   | yrs   |

### 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.

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## 3. 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.

**Signature of Investor 1**

**Signature of Investor 2**

Full Name

Full Name

Date

Date

Please select the appropriate box:

Individual

Trustee

Individual

Trustee

Director

Power of Attorney

Director

Power of Attorney

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**You can submit this form by:**

**Email**

info@keyinvest.com.au

**Mail**

PO Box 3340

RUNDLE MALL SA 5000