

Important information

This form may be posted to: **Resolution Life, GPO Box 3306, Sydney NSW 2001**

Contact phone number: **1800 624 100** between 9 am and 5 pm (AEST/AEDT), Monday to Friday, excluding public holidays.

Please note:

- **This form should be used for policies opened prior to 18 March 2013.**
- Please write in block letters and use a black ballpoint pen.
- Fields marked with an asterisk (*) must be completed for the purpose of any-money laundering and counter-terrorism financing laws and the Foreign Account Tax Compliance Act (FATCA).

Section 1 – New personal or company details (applicant)

Please note: Complete this section for change of name or contact details. If your name has changed, please attach a copy certified by a justice of the peace, solicitor or notary public of the documentation by which you registered your change of name, such as a marriage certificate, deed poll or decree nisi (in the event of divorce).

Policy number

Bond owner 1Title Mr Mrs Miss Ms Other

Given name(s)*

Surname*

Date of birth (dd/mm/yyyy)*

Other names known by (if any) or Full Company/Business Trust name

Residential/Business address (PO Box is not acceptable)*

<input type="text"/>		
State	Postcode	Country

Postal address

<input type="text"/>		
State	Postcode	Country

Mobile number

Alternate phone number

Email address

Section 1 – New personal or company details (applicant) (continued)

Bond owner 2

Title Mr Mrs Miss Ms Other

Given name(s)* Surname* Date of birth (dd/mm/yyyy)*

Other names known by (if any) or Full Company/Business Trust name

Residential/Business address (PO Box is not acceptable)*

State Postcode Country

Postal address

State Postcode Country

Mobile number Alternate phone number

Email address

Section 2 – New automatic withdrawal facility details (available to investment of at least \$10,000)

Please note:

- Please complete the banking details to enable funds to be deposited into an account.
- We will not pay automatic regular withdrawals by cheque.

Please nominate the Investment option for the automatic withdrawal.

- Tick this box to indicate that you wish the automatic withdrawal to deduct from the next available investment option. If there are insufficient funds available the automatic withdrawal facility will cease.

Investment option	Amount of each payment (minimum \$500 per option)
<input type="text"/>	\$
<input type="text"/>	\$
<input type="text"/>	\$

Frequency (please indicate (✓))

- Monthly Quarterly Half-yearly Yearly

Please note: If an Investment option is not nominated the automatic withdrawal will be deducted on a pro-rata basis.

Account name (must be in the name of the bond owner(s)) BSB number Account number

First withdrawal date (dd/mm/yyyy) Last withdrawal date (if required) (dd/mm/yyyy) Rate of increase in payments Nil or % each year

Section 3 – Switching Investment Options (funds)

Please note: Please complete the amount you wish to switch in the 'Switch from' and 'Switch to' columns. Ensure the totals of each column are equal. **The minimum switch is \$200 per Fund.**

Investment option	Switch from	Switch to
Stable (3STB)	\$	\$
Managed (3MGD)	\$	\$
Capital Guaranteed Cash (3CSH)	\$	\$
Fixed Interest (3FIX)	\$	\$
Global Property Securities (3PRP)	\$	\$
Australian Equities (3EQY)	\$	\$
International Equities (3INT)	\$	\$
Total	\$	\$

Section 4 – Additional contributions

Please note: Minimum is \$200 per Fund. The minimum initial investment is \$1,000. Cash deposits will not be accepted.

Investment option	Amount
Stable (3STB)	\$
Managed (3MGD)	\$
Capital Guaranteed Cash (3CSH)	\$
Fixed Interest (3FIX)	\$
Global Property Securities (3PRP)	\$
Australian Equities (3EQY)	\$
International Equities (3INT)	\$

Please indicate (✓) how will you be paying:

Cheque (please attach with this form)

BPAY® (please refer to the BPAY® section in your PDS before selecting this option)

® Registered to BPAY Pty Ltd ABN 69 079 137 518

Section 5 – Declaration and acknowledgment (this section must be completed in all circumstances.)

By signing this form I/we declare as follows:

- I/we believe that I/we have obtained all information sufficient to explain the investment objectives, the risk and effect of each investment option chosen.
- If this form is signed under a Power of Attorney, the Attorney declares that they have not received notice of revocation of that power (a certified copy of the Power of Attorney should be submitted with the form).

Bond owner's signature

X

Date (dd/mm/yyyy)

Joint bond owner's signature (if any)

X

Date (dd/mm/yyyy)

If investor is a company, then this must be signed by an authorised officer (e.g. Director, Company Secretary).