

Lifeplan Education Savings Plan Beneficiary Nomination Form



1. PLAN DETAILS

Plan sponsor one																								
Student beneficiary																								
Address																								
Suburb																								
State	Postcode				Plan number																			
Phone number	Mobile number																							

(Note: If you have established a plan for 2 or more students, a separate form will be required for each plan).

2. DECLARATION

I/We _____

sponsor(s) of the above plan, hereby revoke all previous nominations of plan beneficiaries made by me/us, and nominate the following person(s) to receive the proceeds of any residual plan investment should my/our current nominated student die after the death of the last surviving joint sponsor in accordance with the governing rules of Lifeplan.

3. NOMINATION OF PLAN BENEFICIARIES (total proceeds must equal 100%)

Beneficiary 1

Beneficiary's full name																												
Address																												
State	Postcode				Relationship to sponsor				% Proceeds																			
Date of birth	DDMMYYYY																											

Beneficiary 2

Beneficiary's full name																												
Address																												
State	Postcode				Relationship to sponsor				% Proceeds																			
Date of birth	DDMMYYYY																											

Beneficiary 3

Beneficiary's full name																												
Address																												
State	Postcode				Relationship to sponsor				% Proceeds																			
Date of birth	DDMMYYYY																											

4. SIGNATURE(S)

I confirm I have retained a copy of this form for my files.

Plan Sponsor 1

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Date

DDMMYYYY			
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Plan Sponsor 2 (joint applicant)

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Date

DDMMYYYY			
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5. SUBMITTING YOUR FORM

Return by Fax to:
Fax us the completed form
on (08) 8212 2790

Return by Post to:
Lifeplan Funds Management
Reply Paid 89
Adelaide SA 5001



111 Gawler Place, Adelaide SA 5000 T 1300 1300 38 F 08 8212 2790 E enquiries@lifeplan.com.au W www.lifeplan.com.au
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