

Investment Bond Nomination of Beneficiary

A. Investor(s) Details

Surname Mr/Mrs/Ms/Miss/Dr/Other	<input type="text"/>		
Given Names	<input type="text"/>		
Address	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>
Policy Number	<input type="text"/>	Contact Phone	<input type="text"/>

B. Declaration

I/We _____
holder/s of the above policy/ies, hereby revoke any nomination previously made by me/us in respect to the monies payable by the said Society at my/our death, and I/We hereby nominate the beneficiaries set out hereunder, to receive the said monies payable upon my/our death in accordance with the General Laws of the above society.

C. Beneficiary/ies - Please Write in Block Capitals

Beneficiary's Full Name	<input type="text"/>		
Address	<input type="text"/>		
Date of Birth	<input type="text"/>	Relationship to Investor(s)	<input type="text"/>
		% of Benefit	<input type="text"/>

Beneficiary's Full Name	<input type="text"/>		
Address	<input type="text"/>		
Date of Birth	<input type="text"/>	Relationship to Investor(s)	<input type="text"/>
		% of Benefit	<input type="text"/>

Beneficiary's Full Name	<input type="text"/>		
Address	<input type="text"/>		
Date of Birth	<input type="text"/>	Relationship to Investor(s)	<input type="text"/>
		% of Benefit	<input type="text"/>

Signature of Investor 1	<input type="text"/>	Date	<input type="text"/>
Signature of Investor 2	<input type="text"/>	Date	<input type="text"/>



For enquiries please call 1300 1300 38

Lifeplan Funds Management is a business name of
Lifeplan Australia Friendly Society Limited ABN 78 087 649 492 AFSL 237989