



## Life Events Bond Change of Beneficiary Nomination

Member Number

Policy Number

### 1. Policy Owner(s) Details

#### Policy Owner 1

Title                      Mr            Mrs            Ms            Miss            Dr    Other

Surname/Company/  
Trust Name

Given Names

Date of Birth

Contact Number

Email

#### Policy Owner 2

Title                      Mr            Mrs            Ms            Miss            Dr    Other

Surname/Company/  
Trust Name

Given Names

Date of Birth

Contact Number

Email

# Life Events Bond

## Change of Beneficiary Nomination

### 2. Change Of Nominated Beneficiary

I/We nominate the following person(s) or entities based on the percentages of total benefit to receive the proceeds payable upon death of the last remaining life insured, in accordance with the fund rules.

Beneficiaries can only be nominated where the policy owner(s) is/are also the life/lives insured.

**This nomination revokes all previous nominations made with respect to this policy.**

#### Beneficiary 1

Title	Mr	Mrs	Ms	Miss	Dr	Other
Surname/Company/ Trust Name						
Given Names						
If Company, ABN						
Date of Birth				Email		
Phone				Mobile		
Unit Number		Street No				
Street Name				Suburb		
State		Postcode		Country		
Percentage of total benefit						

#### Beneficiary 2

Title	Mr	Mrs	Ms	Miss	Dr	Other
Surname/Company/ Trust Name						
Given Names						
If Company, ABN						
Date of Birth				Email		
Phone				Mobile		
Unit Number		Street No				
Street Name				Suburb		
State		Postcode		Country		
Percentage of total benefit						

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## Change of Beneficiary Nomination

### Beneficiary 3

Title                                Mr                Mrs                Ms                Miss                Dr                Other

Surname/Company/  
Trust Name

Given Names

If Company, ABN

Date of Birth

Email

Phone

Mobile

Unit Number

Street №

Street Name

Suburb

State

Postcode

Country

Percentage of  
total benefit

### Beneficiary 4

Title                                Mr                Mrs                Ms                Miss                Dr                Other

Surname/Company/  
Trust Name

Given Names

If Company, ABN

Date of Birth

Email

Phone

Mobile

Unit Number

Street №

Street Name

Suburb

State

Postcode

Country

Percentage of  
total benefit

If you wish to nominate additional beneficiaries, please attach the necessary information.  
(Total percentage amount of all nominated beneficiaries must equal 100%).

**Alternatively, on my death, please pay the proceeds of my policy to my estate**

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### 3. Declaration

I/We the policy owner(s), whose signature(s) appear below, hereby understand/ acknowledge and agree as follows:

- I/We accept that KeyInvest Ltd may send me/us information about its products or services from time to time.
- I/We understand that I/we may notify you of my/our decision not to receive further information by contacting you directly.
- I declare that the information on this form is true and correct and that the details have been completed by me/us.

Signature of Policy Holder 1

Signature of Policy Holder 2

Date

Date

### 4. Contact Details

**Street Address:**

KeyInvest  
Level 5, 49 Gawler Place  
Adelaide SA 5000

**Postal Address:**

KeyInvest  
PO Box 3340  
Rundle Mall SA 5000

**Phone** 1300 658 904

**Email** [info@keyinvest.com.au](mailto:info@keyinvest.com.au)

**Web** [www.keyinvest.com.au](http://www.keyinvest.com.au)

**Hours** 8.30am – 5.00pm (CST)