

**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 **on or after 18 March 2013**.
- Fields marked with an asterisk (\*) must be completed for the purposes of anti-money laundering and counter-terrorism financing laws and the Foreign Account Tax Compliance Act (FATCA).

**Section 1 – Personal or company details (applicant)**Policy number **Bond owner 1**

Date of birth (dd/mm/yyyy)

Title  Mr  Mrs  Miss  Ms  Other Given name(s)  Surname 

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

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

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

Postal address

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

Mobile number

Alternate phone number

Email address

**Bond owner 2**

Date of birth (dd/mm/yyyy)

Title  Mr  Mrs  Miss  Ms  Other Given name(s)  Surname 

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

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

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

Postal address

<input type="text"/>	<input type="text"/>	<input type="text"/>
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:** 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)
	\$
	\$
	\$

**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 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
NC – Cash (3NCS)	\$	\$
NC – Global Fixed Interest (3NFI)	\$	\$
NC – Conservative (3NCO)	\$	\$
NC – Diversified (3NDI)	\$	\$
NC – Managed (3NBA)	\$	\$
NC – Growth (3NGR)	\$	\$
NC – Global Property Securities (3NPR)	\$	\$
NC – Australian Share (3NAU)	\$	\$
NC – International Share (3NIN)	\$	\$

\* If you switch the full amount and you previously nominated your adviser service fee to be deducted from the 'Switch from' investment option we will now deduct the adviser service fee from the 'Switch to' investment option.

## Section 4 – Additional investments

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

Investment option	Amount
NC – Cash (3NCS)	\$
NC – Global Fixed Interest (3NFI)	\$
NC – Conservative (3NCO)	\$
NC – Diversified (3NDI)	\$
NC – Managed (3NBA)	\$
NC – Growth (3NGR)	\$
NC – Global Property Securities (3NPR)	\$
NC – Australian Share (3NAU)	\$
NC – International Share (3NIN)	\$

**Please indicate (✓) how will you be paying:**

Cheque (please attach with this form)

BPAY® (please refer to the **Product Disclosure Statement (PDS)** before using BPAY®)

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## Section 5 – Adviser service fees(s)

**Please note:** This section must be completed in all circumstances.

I wish to cease the adviser service fee arrangement on my policy ► Go to **section 6**

I wish to vary the adviser service fee arrangement on my policy ► Complete the details below in **section 5**

**Please note:** Complete this section if you consent for Resolution Life to pay your adviser(s) a one-off and/or an ongoing adviser service fee.

### One-off adviser service fee

I/We consent for Resolution Life to deduct a one-off adviser service fee of \$  (please specify the total dollar amount) on  (insert date (dd/mm/yyyy)). Any payments to financial advisers are in accordance with the arrangements we have with their dealer group. My financial adviser(s) and allocations are noted below.

Name of financial adviser	Allocation of dollar amount*
1.	
2.	

\*Only required if the payment is to be split between two financial advisers.

The amount nominated above should be deducted from my chosen investment option(s) as follows:

Investment option	Amount
NC – Cash (3NCS)	\$
NC – Global Fixed Interest (3NFI)	\$
NC – Conservative (3NCO)	\$
NC – Diversified (3NDI)	\$
NC – Managed (3NBA)	\$
NC – Growth (3NGR)	\$
NC – Global Property Securities (3NPR)	\$
NC – Australian Share (3NAU)	\$
NC – International Share (3NIN)	\$

## Section 5 – Adviser service fees(s) (continued)

**Please note:** where you do not indicate which investment option(s) the one-off adviser service fee is to be paid from, the amount will be deducted on a pro-rata basis.

### Ongoing adviser service fee

I/We consent for Resolution Life to deduct an ongoing adviser service fee of \$  each month or  % each year.

**Please note:** This section must be completed in all circumstances.

Any payments to financial advisers are in accordance with the arrangements we have with their dealer group. My financial adviser(s) and allocations are noted below.

Name of financial adviser	Allocation of dollar amount*
1.	
2.	

\*Only required if the payment is to be split between two financial advisers.

### Allocation of ongoing adviser service fee to be deducted from each investment option

**Please note:** If no nomination is made the ongoing adviser service fee will be deducted on a pro-rata basis.

Investment option	Fixed amount to be paid each month (\$)	or	Allocation of percentage
NC – Cash (3NCS)	\$		%
NC – Global Fixed Interest (3NFI)	\$		%
NC – Conservative (3NCO)	\$		%
NC – Diversified (3NDI)	\$		%
NC – Managed (3NBA)	\$		%
NC – Growth (3NGR)	\$		%
NC – Global Property Securities (3NPR)	\$		%
NC – Australian Share (3NAU)	\$		%
NC – International Share (3NIN)	\$		%

## Section 6 – New personal or company details (applicant)

### Name of financial adviser 1

Financial adviser number

AFSL number

Company name of financial adviser (if applicable)

Contact name

Mobile number

Alternate phone number

### Name of financial adviser 2

Financial adviser number

AFSL number

Company name of financial adviser (if applicable)

Contact name

Mobile number

Alternate phone number

### Customer contact

If required, do you give us permission to contact the bond owner(s) to clarify any necessary matter?  Yes  No

## Section 7 – Financial adviser declaration

By signing this form I declare as follows:

- I certify that I have provided the bond owner(s) with the **Investment Growth Bond Product Disclosure Statement (PDS)** with a preparation date of 1 July 2023.
- I certify that the adviser sections of the relevant Identification and Verification form for all bond owner(s) have been completed.
- Where any adviser service fee(s) have been noted in **section 5**, I certify that I am able to set up this adviser service fee arrangement with the bond owner(s) and that they have agreed to this arrangement and that I have read and understood the 'adviser service fee' section of the relevant PDS.

Signature of financial adviser 1

Date (dd/mm/yyyy)

Signature of financial adviser 2

Date (dd/mm/yyyy)

## Section 8 – Investor's declaration

**Please note:** This section must be completed in all circumstances.

By signing this form I declare as follows:

- I believe that I 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

Date (dd/mm/yyyy)

Joint bond owner's signature (if any)

Date (dd/mm/yyyy)

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