

APPLICATION FORM GUIDE

1. Your personal information

We collect your personal information for the following purposes:

- to administer and provide products and services and to manage our relationship with you;
- to process transactions, to answer queries and for security purposes;
- to develop products and services;
- to meet regulatory requirements; and
- to allow the Australian Unity Group to market products and services to you (subject to your right to opt-out of receiving various direct marketing materials at any time).

In managing your investment account, we may need to disclose your personal information to:

- your financial adviser, either directly or through other service providers (such as platform software including Xplan and Coin) which we may have arrangements with;
- reputable service providers who may carry out functions associated with our products and services on our behalf (e.g. mailing houses who conduct mailings for us);
- our Australian financial institution to initiate the drawing from or payment to your nominated Australian financial institution account (where you have selected the direct debtor credit facility); and
- a third party, as required by law.

You are entitled to access information we have about you. You should notify us immediately if any of the information we hold about you changes, so that we can ensure your information is always complete, accurate and up to date. If you do not provide the information requested on the Application Form, we may be unable to process your application request. If a financial adviser's details appear on the Application Form, you authorise us to give information relating to your investment account and investments to your financial adviser, in doing so you acknowledge that your financial adviser is your agent for the purpose of receiving this information.

Your personal information will be collected, used and disclosed by us in accordance with our Privacy Policy and in accordance with the law. Our Privacy Policy can be found at: australianunity.com.au/privacy-policy or by telephone on 1800 804 731 (Funeral Directors and Investors) and 1300 133 285 (Advisers).

If you have any complaints or questions about the privacy of your personal information, please contact our Privacy Officer by writing to:

Privacy Officer
Australian Unity – Investment Bonds
Reply Paid 89 (no stamp required)
Adelaide SA 5001

If we do not address your complaint to your satisfaction, you may write to the Privacy Commissioner at:

Office of the Australian Information Commissioner
GPO Box 5218
Sydney NSW 2001

2. Direct Debit Request ('DDR') Service Agreement

This is your Direct Debit Request Service Agreement with Lifeplan Australia Friendly Society Limited (Lifeplan), ABN 78 087 649 492 Funeral Plan Bond (User ID 086326).

It explains what your obligations are when undertaking a Direct Debit arrangement with us. It also details what our obligations are to you as your Direct Debit provider.

Please keep this agreement for future reference. It forms part of the terms and conditions of your Direct Debit Request and should be read in conjunction with your Direct Debit Request authorisation. If you require a copy of a Direct Debit Service Agreement, please contact us (see below in the section 'Notice' for our mailing address).

The terms for this Direct Debit Service Agreement are for the purpose of an investment into Funeral Plan Bond by initial/additional contribution or Instalment Plan by direct debit.

Definitions

account means the account held at your nominated Australian financial institution from which we are authorised to arrange for funds to be debited.

agreement means this Direct Debit Request Service Agreement between you and us.

business day means a day other than a Saturday or a Sunday or a public holiday listed throughout Australia.

debit day means the day that payment from you to us is due.

debit payment means a particular transaction where a debit is made.

Direct Debit Request means the written, verbal or online request between us and you to debit funds from your account.

our, us or we means Lifeplan Australia Friendly Society Limited, (the Debit User) you have authorised by requesting a Direct Debit Request.

PDS means the offer document to which this agreement is incorporated by reference and which sets out the terms of the offer of the fund.

fund means the Funeral Plan Bond (User ID 086326).

you or your means the customer who has signed the Direct Debit Request.

your financial institution means the Australian financial institution as nominated by you on the Direct Debit Request at which the account is maintained.

Our commitment to you

- By signing a *Direct Debit Request*, you have authorised us to arrange for funds to be debited from *your account*. You should refer to the *Direct Debit Request* and this *agreement* for the terms of the arrangement between us and you.
- We will only arrange for *funds* to be debited from *your account* as authorised in the *Direct Debit Request*.
- Where you request a one-off debit, the payment will be drawn from *your nominated account* after we accept your application.

- Where you request a one-off debit, the payment will be drawn from *your nominated account* on the date you have indicated on *your application*.
- For regular debits, payment will normally start to be drawn from *your nominated account* from the date you have indicated on *your application*.
- Where the due date for a drawing falls on a non-*business day*, it will be drawn from *your account* on the next *business day*. If you are unsure about which day *your account* has or will be deducted, you should ask *your financial institution*.
- We may vary any terms of this *agreement* or a *Direct Debit Request* at any time by giving you at least fourteen (14) days written notice sent to the preferred email/address you have given us in the *Direct Debit Request*.
- We will keep the details of *your nominated account* and *financial institution* private and confidential.
- We will investigate and deal promptly with any queries, claims or complaints regarding debits.

Your commitment to Lifeplan (us)

- It is *your responsibility* to check with *your nominated Australian financial institution* to confirm that direct debits are available on *your account* as direct debiting through the Bulk Electronic Clearing System (BECS) may not be available on all accounts.
- If there are insufficient clear funds in *your account* to meet a debit payment:
 - (a) you may be charged a fee and/or interest by *your financial institution*;
 - (b) we may charge you reasonable costs incurred by us on account of there being insufficient funds; and
 - (c) you must arrange for the *debit payment* to be made by another method or arrange for sufficient clear funds to be in *your account* by an agreed time so that we can process the debit payment.
- It is *your responsibility* to ensure that the authorisation at the '*Direct Debit Request*' section of this Application Form matches the signing instructions on *your nominated Australian financial institution account*.

- It is *your* responsibility to ensure that there are sufficient cleared funds in the nominated Australian *financial institution account* to allow a debit payment to be made on the drawing date in accordance with the *Direct Debit Request*. We may reject your application if we are unable to draw funds from your nominated Australian *financial institution*.
- It is *your* responsibility to cover any charges resulting from the use of the direct debit program. This may include transaction fees charged by us or your nominated Australian *financial institution* due to dishonoured drawing.
- It is *your* responsibility to check *your account* details which you have provided to us are correct by checking them against a recent account statement from your Australian *financial institution*.
- It is *your* responsibility to check with your *financial institution* before completing the 'Direct Debit Request' section of this Application Form, if you have any queries about how to complete the *Direct Debit Request*.
- It is *your* responsibility to check *your account* statement to verify that the amounts debited from *your account* are correct.

Changes to the arrangement

If you want to make changes to the drawing arrangements, please notify us in writing (see below section 'Notice' for our mailing address), at least five (5) business days prior to the drawing date. You can also contact your own financial institution, which must act promptly on your instructions. These changes may include:

- deferring the drawing;
- altering the details of the drawing;
- stopping an individual debit; or
- cancelling the Direct Debit Request completely.

Enquiries

All *your* personal customer information held by us will remain confidential, except for information that may be provided to our *financial institution* to initiate the drawing to *your* nominated *account*, or information that may be disclosed to a third party as required by law.

Information may also be provided to any entity within the Australian Unity Group to enable the *Direct Debit Request* to be effected as required by law.

Disputes

- If you believe there has been an error in debiting *your account*, you should notify us directly in writing by mail, emailing us at enquiries@australianunity.com.au or contacting us on 1300 300 38 (see below section 'Notice' for our mailing address) and then confirm that notice in writing with us as soon as possible so that we can resolve your query more quickly.
- If we conclude, as a result of our investigations that *your account* has been incorrectly debited, we will respond to your query by arranging within a reasonable period for your Australian *financial institution* to adjust your *account* (including interest and charges) accordingly. We will also notify you in writing of the amount by which *your account* has been adjusted.
- If we conclude, as a result of our investigations that *your account* has not been incorrectly debited we will respond to your query by providing you reasons and any evidence for this finding in writing.
- If you do not receive a satisfactory response from us, then please follow up with your nominated Australian *financial institution* regarding your claim.
- You will receive a refund of the drawing amount if we cannot substantiate the reason for the drawing.

Confidentiality

- We will keep any information (including *your account* details) in your *Direct Debit Request* confidential. We will make reasonable efforts to keep any such information that we have about you secure and to ensure that any of our employees or agents who have access to information about you do not make any unauthorised use, modification, reproduction or disclosure of that information.
- We will only disclose information that we have about you:
 - (a) to the extent specifically required by law; or
 - (b) for the purposes of this agreement (including disclosing information in connection with any query or claim).

Notice

If you wish to notify us in writing about anything relating to this agreement, you should write to:

GPO Box 89, Adelaide SA 5001

or email us at enquiries@australianunity.com.au

We will notify you by:

- (a) sending a notice in the ordinary post to the address you have given us in this Application Form to the PDS; or
- (b) by sending a notice electronically to the email address you have given us in the Application Form to the PDS.

Any notice received after 1:30pm in our Adelaide office on any Adelaide Business Day will be deemed to have been received on the next Adelaide Business Day.

3. Terms and conditions for email instructions

We offer an email service that allows you to send us instructions on your account (Email Instructions Service). If you wish to give us instructions by email in relation to your account, (including for example additional investments, switches, change of details) then you must:

- 1) send the email to funeral.plans@lifeplan.com.au or such other email address we may advise from time to time;
- 2) ensure that you attach a PDF document to your email that contains the instructions and is signed by all the authorised signatories to the investment and is dated correctly; and
- 3) include the name of all the investors, the customer reference number and sufficient information to enable us to complete the email instructions. (Collectively referred to as Email Instructions Requirements). Lifeplan may refuse to act on email instruction unless they meet the Email Instructions Requirements. In addition to the Email Instructions Requirements the following terms also apply to your use of the Email Instructions Service:
 - (a) You use the service entirely at your own risk.
 - (b) Lifeplan is not in any way liable for and will not compensate you for any losses arising as a result of your use of the Email Instructions Service, unless required by law.

- (c) Lifeplan is not in any way liable for any action taken by Lifeplan based upon any email instructions that are false, misleading, fraudulent or incorrect. This means that Lifeplan will not compensate you for any claim arising out of, for example, a fraudulent email redemption request made by someone who has access to your investor code and a copy of your signature.
- (d) Lifeplan is not in any way liable for any loss that may be incurred by you arising from an email being delayed or not being received by Lifeplan.

4. Completing the Application Form

The following information is provided to assist you in completing and lodging the Application Form.

- use the Application Form checklist;
- answer all sections unless otherwise indicated (if a section does not apply, please indicate using 'N/A');
- please ensure you provide your signature on the Application Form; and
- complete the Direct Debit Request section or if you are paying by cheque, make it payable to: '**Funeral Plan Management Pty Ltd**' – <Investor Name(s)> and crossed 'Not Negotiable'.

5. Lodgement

You can lodge your completed Application Form by mailing it to the following reply-paid address or by emailing it to funeral.plans@lifeplan.com.au.

Funeral Plan Management Pty Ltd
Reply Paid 89, Adelaide SA 5001

(No stamp required if mailed in Australia)

The application will be considered lodged when it is received in our Adelaide office on an Adelaide business day prior to 2:30pm. Your application (including the completed Assignment of Ownership Form – if applicable) cannot be accepted unless personally signed by the applicant(s) and we have received your initial contribution.

If you prefer, you may lodge your application with your funeral director, financial adviser or agent who will forward it on to us.

Please note we do not accept cash or credit card payments.

APPLICATION FORM CHECKLIST

To ensure that we are able to process your Application Form quickly and efficiently, please 'X' that you have completed all of the following.

Applicant(s) must be at least 16 years of age.

Travel Protection Plan only applicants should complete the Travel Protection Plan Application Form. Step 12 is only required if you do not nominate your funeral director (see step 3).

STEP 1

Product Selection Criteria (non adviser clients and funeral directors only)

- ☐ Under the Design and Distribution Obligations (DDO) framework, Lifeplan Australia Friendly Society, as Issuer of the FuneralPlan Pre-Paid product, is required to ascertain the key criteria on which customers have based their decision to take out the product and their investment choice.

STEP 2

Personal details

- ☐ Provide the investor(s) personal details. Use your full name.
- ☐ Provide your contact details.

STEP 3

Pre-paid funeral contract details

- ☐ Indicate whether you have a pre-paid funeral contract in conjunction with the FuneralPlan Bond.

STEP 4

Travel Protection Plan (optional)

- ☐ Confirm that you have received the Customer Information form and that you are comfortable to be contacted by the funeral director/adviser, after the mandatory deferral period has ended, to apply for the Travel Protection Plan.

STEP 5

Payment instructions

- ☐ Provide details on your initial contribution amount. Specify how you want to pay for your initial contribution.
- ☐ **Direct debit:** If you are investing by direct debit, please provide your Australian financial institution account details in step 7 and sign the Direct Debit Request Authorisation.
- ☐ **BPAY®:** Please contact us on 1800 804 731 (Funeral Directors and Investors) or 1300 133 285 (Advisers), to obtain your customer reference number and our BPAY® Biller code.
- ☐ **Cheque:** Please make the cheque payable to 'Funeral Plan Management Pty Ltd', <Investor name(s)>' and cross it 'Not Negotiable'.

STEP 6

Instalment Plan

- ☐ If you wish to start an Instalment Plan, please specify your total contribution amount (minimum initial contribution of \$100, minimum additional contribution of \$50 per month), your regular instalment amount and the contribution frequency to be debited from your nominated Australian financial institution account.

STEP 7

Direct Debit Request Authorisation

- ☐ Check that all account holders have signed and dated the DDR Authorisation section (if applicable).

STEP 8**Nomination of Funeral Director**

- ☐ If you wish to involve a funeral director and you do not wish to use your FuneralPlan Bond in conjunction with a pre-paid funeral, you may nominate your preferred funeral director to receive your FuneralPlan Bond proceeds upon your death.

STEP 9**Adviser service fee payment instructions**

- ☐ Please complete this step if a one-off adviser service fee is to be paid to your financial adviser.

STEP 10**Declaration**

- ☐ Check that all applicants have signed and dated the Declaration section.

STEP 11**Investment Option (FuneralPlan Bond applicants only)**

- ☐ Select your investment option (only one option permitted).

If you assign ownership to your funeral director, your funeral director selects the investment option on the Assignment of Ownership Form.

STEP 12**Assignment of Ownership Form (optional)**

- ☐ Please complete the Assignment of Ownership Form on page 41 if you want to assign your rights as a benefit fund member and your FuneralPlan Bond benefit entitlement and/or Travel Protection Plan benefit entitlement to your funeral director or if you have arranged a pre-paid funeral with your funeral director. Your funeral director selects the investment option on this form.

STEP 13**Travel Protection Plan Application Form (optional)**

NOTE – applications for the Protection Plan can only be completed after the completion of the deferral period (refer to page 8 for further details)

Please complete the Travel Protection Application Form if you wish to apply for the Travel Protection plan.

- ☐ Select single or joint application.
- ☐ Nominate your funeral director or assign your Travel Protection Plan (unless you have already nominated a funeral director in your previous funeral bond policy application).

Travel Protection Plan applicants must at a minimum nominate a preferred funeral director. Otherwise, please complete the Assignment of Ownership form (see step 12) if you wish to assign your Travel Protection Plan benefit entitlement to your preferred funeral director.

Client Care Statement – Queensland residents only

Queensland State legislation (Funeral Benefit Business Act 1982) requires distributors (selling agents) of funeral bonds to provide clients/investors with a Client Care Statement prior to purchasing a funeral bond product.

The Client Care Statement provides warnings about signing contracts, fees, financial advice and cooling off. Queensland residents are required to complete and sign the Client Care Statement and send this together with the FuneralPlan Bond Application Form to us.

If you are purchasing a funeral bond through a financial adviser they will provide you with the Client Care Statement, which is also available on our website.

FUNERALPLAN BOND APPLICATION FORM



Lifeplan Australia Friendly Society Limited ABN 78 087 649 492 AFSL 237989.

Applications for FuneralPlan Bond will only be processed on receipt of the completed Application Form issued in this Product Disclosure Statement dated 5 October 2021.

Refer to page 29 for instructions on how to complete this form. Call Investor Services on 1800 804 731 if you have any questions.

Please use **BLACK PEN** and print within the boxes in **CAPITAL** letters. Mark any boxes with a cross (X) where applicable. Please provide a Client Care Statement with your completed Application Form – Queensland residents only.

We will contact you if the Application Form is incomplete. If no new Application Form is received within 30 days, your Application Form will not be processed and your money returned (with any interest earned being retained by us).

1. PRODUCT SELECTION CRITERIA (Non-advised clients and funeral directors only)

What level of decision making are you seeking when selecting your investment strategy?

Selection criteria	Criteria Description
<input type="checkbox"/> Selection from an extensive investment menu	You seek to invest in a product with investments chosen from an extensive investment menu (more than 15 investment options available), with administration provided by the fund
<input type="checkbox"/> Selection from a limited investment menu	You seek to invest in a product where investments can be chosen by the customer from a limited investment menu (less than 15 investment options available), with administration provided by the fund
<input type="checkbox"/> Not seeking investment choice, and would prefer a default investment option	You seek to invest in a product with a default investment strategy applied where no investments selection can be made by the customer, with administration is provided by the fund.

How would you describe your risk (ability to bear a loss on your investment) and return profile?

Selection criteria	Criteria Description
<input type="checkbox"/> Low	You are naturally conservative or have a low risk appetite, you seek to minimise potential losses (e.g. have the ability to bear up to 1 negative return over a 20 year period) and you are comfortable with a low target return profile. You typically prefer defensive assets such as cash and fixed income.
<input type="checkbox"/> Medium	You have a moderate or medium risk appetite, you seek to minimise potential losses (e.g. have the ability to bear up to 4 negative returns over a 20 year period) and are comfortable with a moderate target return profile. You typically prefer a balance of growth assets such as shares, property, alternative assets and defensive assets such as cash and fixed income.
<input type="checkbox"/> High	You have a higher risk appetite and can accept higher potential losses (e.g. have the ability to bear up to 6 negative returns over a 20 year period in order to target a higher target return profile. You typically prefer predominantly growth assets such as shares, property and alternative assets with only a smaller or moderate holding in defensive assets such as cash and fixed income.
<input type="checkbox"/> Very high	You have a more aggressive or very high risk appetite, seek to maximise returns and can accept higher potential losses (e.g. have the ability to bear 6 or more negative returns over a 20 year period) and possibly other risk factors, such as leverage). You typically prefer growth assets such as shares, property and alternative assets.

2. PERSONAL DETAILS

Applicant 1 (Individual)

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	Other – Please specify:	<input type="text"/>							
Given name(s)	<input type="text"/>												
Surname	<input type="text"/>												
Mobile/Phone	<input type="text"/>		Date of birth	<input type="text"/> D	<input type="text"/> D	/	<input type="text"/> M	<input type="text"/> M	/	<input type="text"/> Y	<input type="text"/> Y	<input type="text"/> Y	<input type="text"/> Y
Email	<input type="text"/>												

Residential address for Applicant 1 (not a P.O. Box)

Residential address	<input type="text"/>												
Suburb	<input type="text"/>					State	<input type="text"/>		Postcode	<input type="text"/>			

Correspondence address

All correspondence will be sent to this person, unless this policy is in conjunction with a pre-paid funeral contract or assigned to a Funeral Director, in which instance all correspondence will be sent to the Funeral Director.

☐ Same as residential address. Otherwise please complete postal address details below.

Postal address	<input type="text"/>												
Suburb	<input type="text"/>					State	<input type="text"/>		Postcode	<input type="text"/>			

Applicant 2 (Joint)

Please note, if a policy is held in joint names, the FuneralPlan Bond benefit can only be used to pay for the expenses of a single funeral. If you wish to cover the cost of both funerals, you may want to consider opening two individual FuneralPlan Bonds.

☐ Address details same as applicant 1

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	Other – Please specify:	<input type="text"/>							
Given name(s)	<input type="text"/>												
Surname	<input type="text"/>												
Mobile/Phone	<input type="text"/>		Date of birth	<input type="text"/> D	<input type="text"/> D	/	<input type="text"/> M	<input type="text"/> M	/	<input type="text"/> Y	<input type="text"/> Y	<input type="text"/> Y	<input type="text"/> Y
Email	<input type="text"/>												

3. PRE-PAID FUNERAL CONTRACT DETAILS

Is this application in conjunction with a pre-paid funeral contract? ☐ Yes ☐ No

Pre-paid Funeral Contract Applicants (only complete if you answered Yes to the previous question)

Your initial deposit must be sufficient to cover the total pre-paid funeral contract cost inclusive of GST.

Contract amount (GST excluded) \$ [] [] . [] [] . [] []

GST on pre-paid funeral \$

Total amount (GST included) \$

Please indicate if GST is included in the amount sent to Funeral Plan Management:

☐ Yes ☐ No

4. TRAVEL PROTECTION PLAN DETAILS

Complete this section if you are interested in being contacted about the Travel Protection Plan.

☐ I confirm that I am interested in being contacted after the end of the deferral period to further discuss the Travel Protection Plan

☐ I confirm that I have been given a copy of the Customer Information relating to the Travel Protection Plan, to begin the deferral period

How long does the deferral period last?

The deferral period relating to the Travel Protection Plan will last:

From // to //

This is a compulsory four (4) day deferral on your ability to apply for the Travel Protection Plan, beginning from the date you agree to invest in the FuneralPlan Bond.

5. PAYMENT INSTRUCTIONS

Initial contribution


Please specify your initial contribution amount below.

\$

The **minimum** initial contribution is **\$500** (or \$100 with an Instalment Plan).

Please specify how you want to pay for your initial contribution below:

☐ **Direct Debit**
 Direct Debit collection date / / (Please complete step 7)

 **BPAY®**
If paying by BPAY®, please contact us on 1800 804 731 to obtain your Customer Reference Number and our BPAY® Biller code.

☐ **Cheque**
If paying by cheque, please make the cheque payable 'Funeral Plan Management Pty Ltd, <Investor name>' and cross it 'Not Negotiable'.

6. INSTALMENT PLAN

If you wish to start an Instalment Plan, please specify your total contribution amount, your regular instalment amount and the contribution frequency to be debited from your nominated Australian financial institution account.

I wish to invest the total amount of: \$

Regular instalments: \$ (minimum \$50)

Instalment Plan direct debit frequency: ☐ Fortnightly ☐ Monthly ☐ Quarterly

7. DIRECT DEBIT REQUEST AUTHORISATION AND DECLARATION

The terms of this Direct Debit are for the purpose of an investment into the Funeral Plan Bond by an initial/additional investment or Instalment Plan. If you would like us to deduct your investment directly from your nominated Australian financial institution account or you have selected the Regular Instalment Plan, please complete the section below.

☐ Initial/additional investment by direct debit to be deducted from my account at the time of application

☐ Regular Instalment Plan direct debits to commence from / /

Note: Quarterly debits will only occur in the months of March, June, September and December.

Providing your nominated Australian Financial Institution details below means that you authorise the use of this information for all future deposit transaction requests that you initiate.

Name of Australian Financial Institution	<input type="text"/>
Name of account holder(s)	<input type="text"/>
Branch name	<input type="text"/>
Branch number (BSB)	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>
Account number	<input type="text"/>

Confirmation

- I/we request and authorise Lifeplan Australia Friendly Society Limited (Lifeplan) User ID Funeral Plan Bond (User ID 086326) to debit funds through the Bulk Electronic Clearing System (BECS) according to the details specified above from my/our nominated Australian financial institution account and will be subject to the terms and conditions of the *Direct Debit Service Agreement*.
- I/we are authorised to operate my/our nominated Australian financial institution account.
- I/we have read, understood and agree to the terms and conditions set out in this Request and in the *Direct Debit Request Service Agreement* in the PDS dated 5 October 2021.
- I/we acknowledge and agree this Direct Debit arrangement is governed by the *Direct Debit Request Service Agreement*.
- I/we agree to indemnify Lifeplan against all losses, costs, damages and liability (including, without limitation, legal costs and expenses on a full indemnity basis) that Lifeplan may suffer as a result of my/our breach of the *Direct Debit Request Service Agreement*, or providing an invalid or non-binding direct debit request or Lifeplan otherwise acting upon any unauthorised direct debit request. This indemnity is a continuing obligation, separate and independent from other obligations and survives termination of this agreement. It is not necessary for Lifeplan to incur expenses or make payment before enforcing this right of indemnity. I/we agree to pay Australian Unity all or any sum due without deduction or set-off. This indemnity does not apply to the extent of any fraud, negligence or breach of trust by Lifeplan.

- I/we acknowledge and agree that by signing and/or providing Lifeplan with a valid instruction in respect to my/our Direct Debit Request, I/we confirm that I/we have understood and agreed to the terms and conditions governing the debit arrangements between myself/us and Lifeplan as set out in this Direct Debit Request and in my/our *Direct Debit Request Service Agreement*.

All account signatories must sign below:

Signature of Australian financial institution account holder or company officer 1

Signature of Australian financial institution account holder or company officer 2

Investor 1 surname

Investor 2 surname

Investor 1 given name(s)

Investor 2 given name(s)

Company position (if applicable)

Company position (if applicable)

Date

Date

By signing and/or providing us with a valid instruction in respect to your Direct Debit Request, you have understood and agreed to the terms and conditions governing the debit arrangements between you and Lifeplan as set out in this request and in your *Direct Debit Service Agreement*.

8. NOMINATION OF FUNERAL DIRECTOR (OPTIONAL)

Use this section to nominate a funeral director to receive your FuneralPlan Bond benefit entitlement as a beneficiary upon your death. Please refer to page 21 for details on nominating a funeral director. You can assign your FuneralPlan Bond to a Funeral Director by completing the Assignment of Ownership Form.

I/We nominate my/our funeral director named below:

- to receive payment upon policy maturity; OR

if I/We have not entered into a pre-paid contract

- to receive payment upon the policy maturity to meet the reasonable costs of the funeral services provided by the funeral director.

Name of funeral director

Business address
(nominated funeral home address)

Suburb

State

Postcode

Mobile/phone

Email

9. ADVICE FEE PAYMENT INSTRUCTIONS

You may instruct us to pay your financial adviser a one-off advice fee. Please note that the agreed advice fee will be deducted from your initial investment amount at the start of the month following your initial contribution into FuneralPlan Bond.

I/We agree that the following amount is deducted from my/our initial investment amount as a one-off advice fee that is paid to my/our financial adviser.

\$, .
(Including GST)

Advisers will NOT receive any payment from us unless the 'Advice fee payment instructions' is completed.

Adviser use only

Please note - this section relating to Adviser details must be completed by all advisers, regardless of whether an adviser service fee applies or not.

Adviser name	<input type="text"/>		
Dealer group	<input type="text"/>		
Email	<input type="text"/>		
Phone/Mobile	<input type="text"/>	Fax number	<input type="text"/>
AFS Licence	<input type="text"/>	Adviser ID	<input type="text"/>

I attest that, in recommending this product:

- ☐ I have considered the target market determination for the product.
- ☐ I have provided personal advice.
- ☐ the client is within the target market determination. Or, where the client is not within the target market determination, I have provided high-level details regarding this outside dealing below (e.g. relating to clients' needs and objectives, financial situation and/or eligibility).

Provide details in this section only where the client is outside the target market (e.g. needs and objectives, financial situation and eligibility):

Has the client been informed of the deferral period relating to the Travel Protection Plan (TPP) and been presented with the Customer Information form?

☐ Yes ☐ No ☐ N/A - customer is not interested in TPP

Please attach your business card to enable us to ensure they have your most up-to-date details.

10. DECLARATION

I/We wish to invest in FuneralPlan Bond and agree and acknowledge:

- the information I have provided in relation to this Application Form is true and correct;
- I have read the Product Disclosure Statement dated 5 October 2021 and any relevant Supplementary Product Disclosure Statements relating to the FuneralPlan Bond and/or Travel Protection Plan;
- if I have received this Application Form from the internet or other electronic means, I declare that I have received it personally, or a printout of it, accompanied by or attached to the Product Disclosure Statement and any relevant Supplementary Product Disclosure Statement;
- the amount paid to the FuneralPlan Bond together with that paid to other funeral funds does not exceed the amount reasonably required to meet the cost of my desired funeral arrangements;
- my financial adviser will receive the payments (where applicable) detailed in this Application Form through the deduction from my initial investment;
- Lifeplan is authorised to supply relevant information about me to my financial adviser (where applicable) and the financial adviser's dealer group;
- I agree to be contacted by Australian Unity Limited (AUL) to receive further information about AUL's services, products and news. AUL respects your privacy and complies with all applicable privacy laws including the Privacy Act 1988 (Cth) and the Australian Privacy Principles as stated in our Privacy Policy. To be removed from our email distribution list, please phone Adviser Services on Funeral Directors – 1800 804 731, Advisers – 1300 133 285;
- by providing my email address in this application, Lifeplan may use this address to provide me, where permitted by law or regulation, with information via email about my investment and the FuneralPlan Bond, including any communications such as annual statements to satisfy any continuous disclosure requirements. To alter the communication method, please contact us on 1800 804 731;
- if this Application Form is signed under a Power of Attorney, the Attorney verifies that no notice of revocation of that power has been received at the date of completing this Application Form;
- units in the investment options(s) will not be allocated until Lifeplan has received a completed Application Form and investment monies; and
- where I have expressed an interest in being contacted about the Travel Protection Plan after the deferral period, I have reviewed the PDS and understand my rights under the deferral sales model and have been provided with a copy of the Customer Information.

Signature(s) (all applicants must sign and date this

form) Signature of Applicant 1

X

Date

D D / M M / Y Y Y Y

Signature of Applicant 2

X

Date

D D / M M / Y Y Y Y

11. INVESTMENT OPTION (FuneralPlan Bond applicants only)

If you wish to assign the membership to a nominated funeral director, do not make Investment Option selection here. The funeral director will select the investment option. Go to Assignment of Ownership Form.

☐ I have **not** assigned the ownership to a funeral director, and wish to select the investment option (only **one** option allowed):

☐ Capital Guaranteed ☐ Conservative ☐ Moderate

If you do not select an investment option, the default investment option of the Capital Guaranteed option is automatically applied, which will apply for the life of the bond and cannot be changed. **A switch in or out of the Capital Guaranteed investment option is not permitted.**

FUNERALPLAN BOND

ASSIGNMENT OF OWNERSHIP FORM

This form is for the purpose of assigning your entitlement to benefits under the policy created by your Application Form for membership in the Lifeplan benefit fund.

The assignment will have the effect:

- a) of recording the assigned funeral director as the absolute owner of the policy;
- b) to enable the funeral director to determine the investment allocation of benefits held under the assigned policy in the Lifeplan benefit fund; and
- c) to enable the funeral director to receive your Travel Protection Plan benefit entitlement.

This assignment will take effect after the initial creation of your membership in the Lifeplan benefit fund.

Please use **BLACK PEN** and print within the boxes in **CAPITAL** letters. Mark any boxes with a cross (X) where applicable.

1. MEMBER DETAILS

Member 1 (Individual investor)

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	Other – Please specify:	<input type="text"/>
Given name(s)	<input type="text"/>					
Surname	<input type="text"/>					
Mobile/Phone	<input type="text"/>			Date of birth	<input type="text"/>	<input type="text"/>
Email	<input type="text"/>					

Member 2 (Joint investor)

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	Other – Please specify:	<input type="text"/>
Given name(s)	<input type="text"/>					
Surname	<input type="text"/>					
Mobile/Phone	<input type="text"/>			Date of birth	<input type="text"/>	<input type="text"/>
Email	<input type="text"/>					

2. NOMINATED ASSIGNEE

Name of funeral director			
Business address			
Suburb		State	
		Postcode	
Mobile/phone			
Email			

3. MEMBER DECLARATION (ASSIGNOR)

In consideration of an agreement with the nominated assignee to provide funeral services under a contractual agreement separately entered into with the assignee I have effected this assignment freely and with full understanding that its effect is to transfer the ownership of the policy issued in the Lifeplan benefit fund to the funeral director as the assignee.

Signature(s) (all members must sign and date this form)

Signature of Member 1

X

Date

D D / M M / Y Y Y Y

Signature of Member 2

X

Date

D D / M M / Y Y Y Y

4. FUNERAL DIRECTOR DECLARATION (ASSIGNEE)

I have accepted the assignment proposed by this document with full understanding that:

- the direction as to the investment allocation of the value of the member account in the Lifeplan benefit fund (where available) will be exercised by me;
- I understand and assume full responsibility for the risks attaching to a decision as to the investment allocation of the account in the Lifeplan benefit fund;
- each of and all of the funeral requirements specified by the assignor in the pre-paid funeral plan agreement executed by the assignor will be provided irrespective of the value of the account in the Lifeplan benefit fund at the relevant date;

and I nominate the investment option for the account as:

Investment option ☐ Capital Guaranteed ☐ Conservative ☐ Moderate

Name of Funeral Director			
Signature		Date	
	X		D D / M M / Y Y Y Y

TRAVEL PROTECTION PLAN APPLICATION FORM



Lifeplan Australia Friendly Society Limited ABN 78 087 649 492 AFSL 237989.

- Applications for Travel Protection Plan, where they are linked to an existing FuneralBond policy, will only be accepted and processed where the deferral period has been observed in accordance with the deferred sales model for add-on insurance (refer to page 8 of the PDS for further details).
- If the application for Travel Protection Plan is not linked to a FuneralBond policy, the deferral period does not need to be observed.

Please use **BLACK PEN** and print within the boxes in CAPITAL letters. Mark any boxes with a cross (X) where applicable.

We will contact you if the Application Form is incomplete. If no new Application Form is received within 30 days, your Application Form will not be processed and your money returned (with any interest earned being retained by us).

1. PERSONAL DETAILS

Applicant 1 (Individual)

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	Other – Please specify:	<input type="text"/>
Given name(s)	<input type="text"/>					
Surname	<input type="text"/>					
Mobile/Phone	<input type="text"/>		Date of birth	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Email	<input type="text"/>					

Residential address for Applicant 1 (not a P.O. Box)

Residential address	<input type="text"/>				
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>

Correspondence address

All correspondence will be sent to this person, unless this policy is in conjunction with a pre-paid funeral contract or assigned to a Funeral Director, in which instance all correspondence will be sent to the Funeral Director.

☐ Same as residential address. Otherwise please complete postal address details below.

Postal address	<input type="text"/>				
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>

TRAVEL PROTECTION PLAN
APPLICATION FORM

Applicant 2 (Joint)

Please note, if a policy is held in joint names, the Travel Protection Plan will be paid to a maximum of \$3,200 for transportation costs incurred by each applicant at the time of the respective funerals provided the entitlement criteria are met.

☐ Address details same as applicant 1

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	Other – Please specify:	<input type="text"/>
Given name(s)	<input type="text"/>					
Surname	<input type="text"/>					
Mobile/Phone	<input type="text"/>		Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email	<input type="text"/>					

2. PRE-PAID FUNERAL CONTRACT DETAILS

Will this application be linked to an existing Funeral Plan Management funeral bond policy? ☐ Yes ☐ No

If you've answered 'Yes' to the previous question, please provide your FuneralPlan Management funeral bond policy number:

3. TRAVEL PROTECTION PLAN DETAILS

Complete this section if you wish to apply for the Travel Protection Plan.

☐ **Single** (\$175 one-off premium)

☐ **Joint** (\$300 one-off premium: \$175 for the first applicant and \$125 for the second applicant)

The Travel Protection benefit will be paid to a maximum of \$3,200 for transportation costs incurred by each applicant at the time of the respective funerals provided the entitlement criteria are met.

Is the funeral director the same as that nominated/assigned to your funeral bond policy?

☐ Yes ☐ No. If you have answered 'No' to this question, provide the details of the Funeral Director below:

Name of funeral director	<input type="text"/>				
Business address (nominated funeral home address)	<input type="text"/>				
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>

☐ I/We confirm that my/our normal place of residence is within 70km of nominated funeral home

4. PAYMENT INSTRUCTIONS

One-off premium payment

Please specify your one-off premium payment amount below.

\$.

Please specify how you want to pay for your initial contribution below:

☐

Direct Debit

Direct Debit collection date / / (Please complete step 6)

☐

BPAY®

If paying by BPAY®, please contact us on 1800 804 731 to obtain your Customer Reference Number and our BPAY® Biller code.

☐

Cheque

If paying by cheque, please make the cheque payable 'Funeral Plan Management Pty Ltd, <Investor name>' and cross it 'Not Negotiable'.

5. AUSTRALIAN FINANCIAL INSTITUTION ACCOUNT DETAILS

Please provide your account details below. This account will be used to debit your one-off premium payment.

Name of Australian
Financial Institution

Name of account
owner(s)

Branch name

Branch number
(BSB)

 -

Account number

Please ensure that you complete the Direct Debit Request Authorisation section. If the above account is held in joint names, please ensure that both account holders sign.

6. DIRECT DEBIT REQUEST AUTHORISATION AND DECLARATION

The terms of this Direct Debit are for the purpose of an investment into the Travel Protection Plan through a one-off premium payment.

If you would like us to deduct your investment directly from your nominated Australian financial institution account, please tick the box below..

☐ One-off premium payment to be deducted from my account at the time of application

Confirmation

- I/we request and authorise Lifeplan Australia Friendly Society Limited (Lifeplan) User ID Funeral Plan Bond (User ID 086326) to debit funds through the Bulk Electronic Clearing System (BECS) according to the details specified above from my/our nominated Australian financial institution account and will be subject to the terms and conditions of the *Direct Debit Service Agreement*.
- I/we are authorised to operate my/our nominated Australian financial institution account.
- I/we have read, understood and agree to the terms and conditions set out in this Request and in the *Direct Debit Request Service Agreement* in the PDS dated 5 October 2021.
- I/we acknowledge and agree this Direct Debit arrangement is governed by the *Direct Debit Request Service Agreement*.
- I/we agree to indemnify Lifeplan against all losses, costs, damages and liability (including, without limitation, legal costs and expenses on a full indemnity basis) that Lifeplan may suffer as a result of my/our breach of the *Direct Debit Request Service Agreement*, or providing an invalid or non-binding direct debit request or Lifeplan otherwise acting upon any unauthorised direct debit request. This indemnity is a continuing obligation, separate and independent from other obligations and survives termination of this agreement. It is not necessary for Lifeplan to incur expenses or make payment before enforcing this right of indemnity. I/we agree to pay Australian Unity all or any sum due without deduction or set-off. This indemnity does not apply to the extent of any fraud, negligence or breach of trust by Lifeplan.
- I/we acknowledge and agree that by signing and/or providing Lifeplan with a valid instruction in respect to my/our Direct Debit Request, I/we confirm that I/we have understood and agreed to the terms and conditions governing the debit arrangements between myself/us and Lifeplan as set out in this Direct Debit Request and in my/our *Direct Debit Request Service Agreement*.

All account signatories must sign below:

Signature of Australian financial institution account holder or company officer 1

X

Investor 1 surname

Investor 1 given name(s)

Company position (if applicable)

Date

D D / M M / Y Y Y Y

Signature of Australian financial institution account holder or company officer 2

X

Investor 2 surname

Investor 2 given name(s)

Company position (if applicable)

Date

D D / M M / Y Y Y Y

By signing and/or providing us with a valid instruction in respect to your Direct Debit Request, you have understood and agreed to the terms and conditions governing the debit arrangements between you and Lifeplan as set out in this request and in your *Direct Debit Service Agreement*.

7. DECLARATION

I/We wish to invest in the Travel Protection Plan and agree and acknowledge:

- the information I have provided in relation to this Application Form is true and correct;
- I have read the Product Disclosure Statement dated 5 October 2021 and any relevant Supplementary Product Disclosure Statements relating to the FuneralPlan Bond and/or Travel Protection Plan;
- that where this application is linked to an existing FuneralPlan Bond policy, the deferral period under the deferred sales model for add-on insurance has been observed;
- if I have received this Application Form from the internet or other electronic means, I declare that I have received it personally, or a printout of it, accompanied by or attached to the Product Disclosure Statement and any relevant Supplementary Product Disclosure Statement;
- Lifeplan is authorised to supply relevant information about me to my financial adviser (where applicable) and the financial adviser's dealer group;
- I agree to be contacted by Australian Unity Limited (AUL) to receive further information about AUL's services, products and news. AUL respects your privacy and complies with all applicable privacy laws including the Privacy Act 1988 (Cth) and the Australian Privacy Principles as stated in our Privacy Policy. To be removed from our email distribution list, please phone Adviser Services on Funeral Directors - 1800 804 731, Advisers - 1300 133 285;
- by providing my email address in this application, Lifeplan may use this address to provide me, where permitted by law or regulation, with information via email about my investment and the FuneralPlan Bond, including any communications to satisfy any continuous disclosure requirements. To alter the communication method, please contact us on 1800 804 731; and
- if this Application Form is signed under a Power of Attorney, the Attorney verifies that no notice of revocation of that power has been received at the date of completing this Application Form.

Signature(s) (all applicants must sign and date this form)

Signature of Applicant 1

X

Date

/ /

Signature of Applicant 2

X

Date

/ /