

Under age 18 declaration form

Use this form if you are under age 18 and you are applying for an account, requesting a withdrawal of funds or completing an investment switch.¹

Important: If you are under age 18, you should consult a parent or legal guardian² before you make a withdrawal/transfer or switch your investment options.

- 1 Investment switches do not apply to the Guaranteed Super Account.
- 2 As detailed in your application form, if applicable.

Please print in CAPITAL LETTERS and place a cross in any applicable boxes.

Office/Adviser use only	
Plan number	<input type="text"/>
Request ID	<input type="text"/>

1. Transaction type

Please ensure you complete the checklist below:

- Application for an account
- Request for withdrawal of funds
- Investment switch (not applicable for Guaranteed Super Account)

2. Product type

Please select the product type that applies to your transaction:

- Guaranteed Super Account

3. Member details

Title	Date of birth
<input type="text"/>	<input type="text"/>
Surname	
<input type="text"/>	
Given name(s)	
<input type="text"/>	
Contact phone number	Mobile number
<input type="text"/>	<input type="text"/>
Plan number	
<input type="text"/>	
Gender	
<input type="checkbox"/> Male <input type="checkbox"/> Female	

4. Member declaration and signature

- I declare that I will not commence any action against Equity Trustees Superannuation Limited (Trustee) in relation to my request for withdrawal/transfer or switching investment options arising out of or in connection with my being under age 18.
- I acknowledge the consequences of my request, including those described in the applicable Product Disclosure Statement available from Resolution Life and/or by obtaining professional advice.
- I acknowledge that my parent or guardian has joint and several responsibilities for the consequences of my request, and will reimburse and make the Trustee whole in respect of any successful claims against the Trustee made by or in respect of my membership in relation to this request.

Signature of member
<input type="text"/>
Date
<input type="text"/>

5. Parent or legal guardian personal details

Title	Date of birth	
<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname		
<input type="text"/>		
Given name(s)		
<input type="text"/>		
Residential address (a PO Box is not acceptable)		
<input type="text"/>		
<input type="text"/>		
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact phone number	Mobile number	
<input type="text"/>	<input type="text"/>	

6. Parent or legal guardian declaration and signature

- I am the parent or legal guardian of the member.
- I acknowledge the consequences of withdrawing/transferring from the superannuation plan or switching investment options, including those described in the applicable Product Disclosure Statements available from Resolution Life.
- The member understands the consequences of withdrawing/transferring or switching investment options from their superannuation plan/account.
- I take joint and several responsibilities for the consequences of this application, and will reimburse and make the Trustee whole in respect of any successful claims against the Trustee made by or in respect of the member in relation to this request.

Signature of parent or legal guardian

Date

Where to send this form:

Mail or email this completed form to:

Resolution Life Customer Service
GPO Box 5441
Sydney NSW 2001
askus@resolutionlife.com.au

Any questions?
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