

Resolution Life Growth Bond Under Age 16 Parental and Guardian form

Please complete this declaration form if you are under age 16 and are (tick applicable box):

- Applying for a policy
- Requesting a withdrawal of funds
- Completing an investment switch.

Important notes

If you are under age 16, you should consult a parent or legal guardian (as detailed below) before you:

- make a withdrawal/transfer
- switch investment options.

Mark boxes with where appropriate, otherwise use block letters. Leave a box between words.

1. Policyowner personal details

Title	Surname
<input type="text"/>	<input type="text"/>
Given names	
<input type="text"/>	
Date of birth	Sex
<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female
Policy number (if known)	
<input type="text"/>	
Phone number	Mobile phone number
<input type="text"/>	<input type="text"/>

2. Policyowner declaration and signature

- I declare that I will not commence any action against Resolution Life Australasia Limited in relation to my application for a policy **or** request for withdrawal/transfer **or** switching investment options (as applicable) arising out of or in connection with my being under age 16.
- I acknowledge the consequences of my request, including those described in the applicable Product Disclosure Statement available from Resolution Life Australasia Limited 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 Resolution Life Australasia Limited whole in respect of any successful claims against Resolution Life Australasia Limited made by or in respect of my policy ownership in relation to this request

Signature of policyowner

Date

3. Parent or legal guardian declaration

- I am the parent or legal guardian of the policy owner.
- I acknowledge the consequences of withdrawing/transferring from the policy or switching investment options (as applicable), including those described in the Product Disclosure Statement available from Resolution Life Australasia Limited.
- The policyowner understands those consequences.
- I take joint and several responsibilities for the consequences of this request, and will reimburse and make Resolution Life Australasia Limited whole in respect of any successful claims against Resolution Life Australasia Limited made by or in respect of the policyowner in relation to this request.

4. Parent or legal guardian personal details

Title	Surname	
<input type="text"/>	<input type="text"/>	
Given names		
<input type="text"/>		
Residential address (must not be a Post Office Box)		
Unit No.	Street No.	Street name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone number	Mobile phone number	
<input type="text"/>	<input type="text"/>	

5. Parent or legal guardian signature

Signature of parent or legal guardian

X

Date

DDMMYY

Where to send this form

Mail or email this form and return it together with your request to:

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

Any questions?
133 731

Office/Adviser use only

Planner number

Request ID