

Withdrawal/Notification of change

1. Personal details

(All fields must be completed)

Policy number

Title

Date of birth

D	D	M	M	Y	Y	Y	Y
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Surname

Given name(s)

Postal address

Suburb

State

Postcode

Country

Residential address

Suburb

State

Postcode

Country

Mobile number

Alternate phone number

Email address

2. Withdrawal details

(Please select the type of transaction required)



Please note:

- Minimum withdrawal amount for Insurance Bonds is \$1,000 and Family Bonds is \$500.
- Minimum policy balance for Insurance Bonds is \$1,000 and Family Bonds is \$500. If the balance falls below this amount, a full withdrawal will be completed.

☐ Partial withdrawal

Please enter the withdrawal amount(s) (or write 'All') against the appropriate fund(s).

Conservative 11	C1	\$
Growth 18	M1	\$
Total		\$

or

☐ Closure of policy – Go to **section 3** below

3. Payment instructions

(Please complete all details of your nominated Australian bank, building society or credit union account.)



Please note:

- Nominated account must be in the name of at least one policy owner.
- Direct credit is not available on credit card accounts.
- You need to contact your financial institution to verify your account details (due to privacy legislation we are unable to contact them on your behalf).

Account name

BSB number

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Account number

Following the receipt at Resolution Life of a correctly completed form with any additional requirements (e.g. policy document for closure of policy).

4. Switch between investment funds

Please select the type of transaction and record amount (or write 'All') to be transferred between investment funds.

☐ Conservative 11 to Growth 18

or

☐ Growth 18 to Conservative 11

Amount

\$

(Minimum transfer: Insurance Bonds \$1,000/Family Bonds \$500)

Switches between investment funds are effected at the withdrawal and deposit prices, for the relevant investment funds, which are applicable on the day Resolution Life or its agent receives this form. A transfer fee will be applied in terms of the policy document.

5. Change of name

(New name¹)/address²

Title

Surname

Given name(s)

Old signature

X

New signature

X

1 Please attach evidence i.e. certified copy of Deed Poll, Marriage Certificate, etc.

2 In signing **section 5**, please alter your records to show my new address(es) as recorded in **section 1**.

6. Nominated beneficiary

! This section may be completed by Insurance Bond policy owner(s) only where the policy owner(s) is/are also the life/lives insured. It is not applicable to Family Bond policy owner(s).

☐ Beneficiary revocation or ☐ Beneficiary nomination

I/We appoint the person(s) named below as nominated beneficiary(ies) in the proportions shown, to receive benefits payable from my/our policy in the event of my/our death. (If insufficient space, please provide a supplementary statement signed by policy owner(s).) If the person(s) whose name(s) is/are specified below differ(s) from a previous appointment made by me/us, the previous appointment(s) will be automatically revoked.

Full name of beneficiary	Date	Relationship	% of benefit
	/ /		%
	/ /		%
	/ /		%
Total			%

7. Declaration and acknowledgement

By signing this form I declare as follows:

- I/We hereby agree that Resolution Life may reimburse itself, by deduction from the amount of the withdrawal benefit, for any reasonable costs incurred in following my/our directions for payment.
- I/We acknowledge that payment of the withdrawal benefit in accordance with my/our instructions hereon will constitute a complete discharge to Resolution Life in respect of that amount.
- If this form is signed under Power of Attorney, the attorney hereby certifies that he/she has not received notice of revocation of that Power. (A certified copy of the Power of Attorney should be submitted with this form unless already sighted by Resolution Life.)

Signature of policy owner 1

X

Date

D D M M Y Y Y Y

Signature of policy owner 2

X

Date

D D M M Y Y Y Y

! Please note: Where the policy is in joint names, all policy owners must sign.

Where to send this form

This form must be mailed to:

Resolution Life
GPO Box 3306
Sydney NSW 2001

Contact phone number

133 731

between 9 am and 5 pm (AEST/AEDT), Monday to Friday,
excluding public holidays.

What you need to know

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