



**Section 2 Nominated Student(s)**

I, the Bond Owner, hereby nominate the following student(s).

NOMINATED STUDENT 1

GIVEN NAME

SURNAME

RESIDENTIAL ADDRESS

SUBURB

STATE

POSTCODE

EMAIL

MOBILE NUMBER

DATE OF BIRTH (DD/MM/YYYY)

RELATIONSHIP TO POLICY OWNER

SON

DAUGHTER

GRANDSON

GRANDDAUGHTER

NEPHEW

NIECE

OTHER - PLEASE SPECIFY

NOMINATED STUDENT 2

GIVEN NAME

SURNAME

RESIDENTIAL ADDRESS

SUBURB

STATE

POSTCODE

EMAIL

MOBILE NUMBER

DATE OF BIRTH (DD/MM/YYYY)

RELATIONSHIP TO POLICY OWNER

SON

DAUGHTER

GRANDSON

GRANDDAUGHTER

NEPHEW

NIECE

OTHER - PLEASE SPECIFY

**Section 2** Nominated Student(s)

NOMINATED STUDENT 3

GIVEN NAME

SURNAME

RESIDENTIAL ADDRESS

SUBURB

STATE

POSTCODE

EMAIL

MOBILE NUMBER

DATE OF BIRTH (DD/MM/YYYY)

RELATIONSHIP TO POLICY OWNER

SON

DAUGHTER

GRANDSON

GRANDDAUGHTER

NEPHEW

NIECE

OTHER - PLEASE SPECIFY

NOMINATED STUDENT 4

GIVEN NAME

SURNAME

RESIDENTIAL ADDRESS

SUBURB

STATE

POSTCODE

EMAIL

MOBILE NUMBER

DATE OF BIRTH (DD/MM/YYYY)

RELATIONSHIP TO POLICY OWNER

SON

DAUGHTER

GRANDSON

GRANDDAUGHTER

NEPHEW

NIECE

OTHER - PLEASE SPECIFY

**Section 2** Nominated Student(s)

NOMINATED STUDENT 5

GIVEN NAME

SURNAME

RESIDENTIAL ADDRESS

SUBURB

STATE

POSTCODE

EMAIL

MOBILE NUMBER

DATE OF BIRTH (DD/MM/YYYY)

RELATIONSHIP TO POLICY OWNER

SON

DAUGHTER

GRANDSON

GRANDDAUGHTER

NEPHEW

NIECE

OTHER - PLEASE SPECIFY

NOMINATED STUDENT 6

GIVEN NAME

SURNAME

RESIDENTIAL ADDRESS

SUBURB

STATE

POSTCODE

EMAIL

MOBILE NUMBER

DATE OF BIRTH (DD/MM/YYYY)

RELATIONSHIP TO POLICY OWNER

SON

DAUGHTER

GRANDSON

GRANDDAUGHTER

NEPHEW

NIECE

OTHER - PLEASE SPECIFY

**Section 2** Nominated Student(s)

NOMINATED STUDENT 7

GIVEN NAME

SURNAME

RESIDENTIAL ADDRESS

SUBURB

STATE

POSTCODE

EMAIL

MOBILE NUMBER

DATE OF BIRTH (DD/MM/YYYY)

RELATIONSHIP TO POLICY OWNER

SON

DAUGHTER

GRANDSON

GRANDDAUGHTER

NEPHEW

NIECE

OTHER - PLEASE SPECIFY

NOMINATED STUDENT 8

GIVEN NAME

SURNAME

RESIDENTIAL ADDRESS

SUBURB

STATE

POSTCODE

EMAIL

MOBILE NUMBER

DATE OF BIRTH (DD/MM/YYYY)

RELATIONSHIP TO POLICY OWNER

SON

DAUGHTER

GRANDSON

GRANDDAUGHTER

NEPHEW

NIECE

OTHER - PLEASE SPECIFY

**Section 2** Nominated Student(s)

NOMINATED STUDENT 9

GIVEN NAME

SURNAME

RESIDENTIAL ADDRESS

SUBURB

STATE

POSTCODE

EMAIL

MOBILE NUMBER

DATE OF BIRTH (DD/MM/YYYY)

RELATIONSHIP TO POLICY OWNER

SON

DAUGHTER

GRANDSON

GRANDDAUGHTER

NEPHEW

NIECE

OTHER - PLEASE SPECIFY

NOMINATED STUDENT 10

GIVEN NAME

SURNAME

RESIDENTIAL ADDRESS

SUBURB

STATE

POSTCODE

EMAIL

MOBILE NUMBER

DATE OF BIRTH (DD/MM/YYYY)

RELATIONSHIP TO POLICY OWNER

SON

DAUGHTER

GRANDSON

GRANDDAUGHTER

NEPHEW

NIECE

OTHER - PLEASE SPECIFY

### Section 3 Signature(s) of Investor(s)/Policyholder(s)

#### THIS MUST BE COMPLETED

Please note:

- If being signed under Power of Attorney, the attorney signature(s) must be in accordance with the Power of Attorney.
- Original signature(s) on forms are required. For security reasons faxes cannot be accepted.

BOND OWNER 1

SIGNATURE
-----------

DIRECTOR      TRUSTEE

COMPANY SECRETARY

OTHER

DATE (DD/MM/YYYY)

--

NAME OF BOND OWNER

BOND OWNER 2

SIGNATURE
-----------

DIRECTOR      TRUSTEE

COMPANY SECRETARY

OTHER

DATE (DD/MM/YYYY)

--

NAME OF BOND OWNER

#### PRIVACY

All information collected by Centuria Life Limited is collected and handled in accordance with Centuria's Privacy Policy, a copy of which is available on our website ([centuria.com.au](http://centuria.com.au)) or a copy can be obtained by calling 1300 50 50 50.

#### RETURN ADDRESS

**Centuria Life Limited**  
**Investor Services**  
GPO Box 3993  
Sydney, NSW 2001

**Investor Services**  
**P: 1300 50 50 50**  
E: [enquiries@centuria.com.au](mailto:enquiries@centuria.com.au)

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AFSL 230 867