

Section 2 Nominated Student(s) appointment of guardian

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

NOMINATED STUDENT 1

NAME

DATE OF BIRTH (DD/MM/YYYY)

RESIDENTIAL ADDRESS

SUBURB

STATE

POSTCODE

EMAIL

MOBILE NUMBER

NOMINATED STUDENT 2

NAME

DATE OF BIRTH (DD/MM/YYYY)

RESIDENTIAL ADDRESS

SUBURB

STATE

POSTCODE

EMAIL

MOBILE NUMBER

NOMINATED STUDENT 3

NAME

DATE OF BIRTH (DD/MM/YYYY)

RESIDENTIAL ADDRESS

SUBURB

STATE

POSTCODE

EMAIL

MOBILE NUMBER

NOMINATED STUDENT 4

NAME

DATE OF BIRTH (DD/MM/YYYY)

RESIDENTIAL ADDRESS

SUBURB

STATE

POSTCODE

EMAIL

MOBILE NUMBER

Section 3 Revoking a previous guardian nomination

Investor(s) of the above Centuria LifeGoals Education Bond, hereby revoke all previous nominations of the guardian made by me/us, and nominate the following person(s) as guardian(s) in the event of my/our death or intellectual disability before my/our Nominated Student has completed their education, in accordance with the Fund Rules as set out in Centuria Life Limited's Constitution.

TICK THIS BOX IF YOU WISH TO REVOKE A PREVIOUS NOMINATION(S) ONLY

Section 4 Guardian nomination

The Education Bond Guardian must be at least 18 years old.

The Guardian(s) will take administrative control of the Plan in the event of my/our death or intellectual disability before the Nominated Student has completed their education. Before the Guardian can act in the capacity of the Bond owner Centuria Life Limited will request identification documents for AML purposes.

GUARDIAN 1

TITLE GIVEN NAME(S) SURNAME

DATE OF BIRTH (DD/MM/YYYY)

RESIDENTIAL ADDRESS

SUBURB STATE POSTCODE

PHONE (DAY) MOBILE

EMAIL

RELATIONSHIP TO THE STUDENT

MOTHER FATHER AUNT UNCLE GRANDFATHER GRANDMOTHER

OTHER (PLEASE SPECIFY)

GUARDIAN 2

TITLE GIVEN NAME(S) SURNAME

DATE OF BIRTH (DD/MM/YYYY)

RESIDENTIAL ADDRESS

SUBURB STATE POSTCODE

PHONE (DAY) MOBILE

EMAIL

RELATIONSHIP TO THE STUDENT

MOTHER FATHER AUNT UNCLE GRANDFATHER GRANDMOTHER

OTHER (PLEASE SPECIFY)

Section 4 Guardian nomination cont'd

GUARDIAN 3

TITLE GIVEN NAME(S) SURNAME

DATE OF BIRTH (DD/MM/YYYY)

RESIDENTIAL ADDRESS

SUBURB STATE POSTCODE

PHONE (DAY) MOBILE

EMAIL

RELATIONSHIP TO THE STUDENT

MOTHER FATHER AUNT UNCLE GRANDFATHER GRANDMOTHER

OTHER (PLEASE SPECIFY)

GUARDIAN 4

TITLE GIVEN NAME(S) SURNAME

DATE OF BIRTH (DD/MM/YYYY)

RESIDENTIAL ADDRESS

SUBURB STATE POSTCODE

PHONE (DAY) MOBILE

EMAIL

RELATIONSHIP TO THE STUDENT

MOTHER FATHER AUNT UNCLE GRANDFATHER GRANDMOTHER

OTHER (PLEASE SPECIFY)

Section 5**Declaration and signature of all Investor(s)/Policy Owners(s)**

- All investor(s) and policy owner(s) must sign below.
- 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.

I/We confirm that I/we have a copy of the current Product Disclosure Statement and that I/we have read, understood and retained for future reference.

POLICY OWNER 1

SIGNATURE

DIRECTOR TRUSTEE

COMPANY SECRETARY

OTHER

DATE (DD/MM/YYYY)

NAME OF POLICY OWNER

POLICY OWNER 2

SIGNATURE

DIRECTOR TRUSTEE

COMPANY SECRETARY

OTHER

DATE (DD/MM/YYYY)

NAME OF POLICY OWNER

PRIVACY

All information collected by Centuria Life Limited ABN 79 087 649 054 AFSL 230 867 is collected and handled in accordance with Centuria's Privacy Policy, a copy of which is available on our website (centuria.com.au/contact-us/privacy-policy) 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

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