FUTURITY

Education Bond

Futurity Investment Group Limited

Futurity Education Bond Application Form

5 October 2026



Individual and Family Education Bonds

Please read these instructions before completing this Application Form

Apply online at futurityinvest.com.au

Alternatively, mail your completed Application Form to:

Futurity Investment Group Limited
Level 15
333 Collins Street
Melbourne VIC 3000

We must receive identity verification details to comply with Australia's Anti-Money Laundering and Counter-Terrorism Financing (AML/CTF) Laws.

Need help?

For help with completing this Application Form or in providing your identity verification documents, please speak to your Financial Adviser or call us on **1300 345 456** during Victorian business hours.

If you are a client of a Financial Adviser, they will complete Section 12.

This Application Form accompanies the Product Disclosure Statement (PDS) for Futurity Education Bond dated 25 August 2026 issued by Futurity Investment Group Limited (`Futurity', `we', `our' or `us') ACN 087 648 879 and AFSL 236665. Before you sign it, Futurity is obliged to have provided you with the full PDS comprising PDS Part A and PDS Part B. They contain important information about Futurity Education Bond that will help you to understand the product and to decide whether it is appropriate for your needs. Please read the PDS and, if you have any queries, consult with your Financial Adviser or contact us. Certain words or expressions in this Application Form commencing with capital letters are defined in the Glossary (see PDS Part A).

Investor Identification

Anti-Money Laundering and Counter Terrorism Financing Laws

We are required to comply with AML/CTF Laws, including the need to establish your identity and, if relevant, the identity of other persons associated with your investment, including Bond Representatives, Bond Guardians, Bond Estate Nominees and Education Beneficiaries.

To complete our identification verification process, we require details of a current driver's licence or passport. If you are unable to provide details of a driver's licence or passport, please contact us for a list of other eligible identification documents.

This requirement applies to all individual applicants, company directors, beneficial owners, trustees (including directors and beneficial owners of a company trustee), trust beneficiaries and any Bond Estate Nominees, Bond Representatives or Bond Guardians. We may, from time to time, require additional information to assist with this process.

We may not be able to transact with you or other persons, should we be unable to establish your or their identity. This may result in delaying, blocking, freezing or refusing to process a transaction or ceasing to provide you with a product or service. This may impact on your investment and could result in a loss of contributions and investment earnings. Futurity is not responsible for any of these events or their consequences. We utilise a third-party service provider to undertake identity verification on our behalf.

To comply with AML/CTF Laws, we may also require you to disclose whether you are or have an association with a Politically Exposed Person (as defined and determined by the AML/CTF Laws) and to identify the source of wealth and funds.

Politically Exposed Person

A Politically Exposed Person is an individual who:

- holds or has held, within the last 12 months, a prominent public position or function in a government body or an international organisation (such as a government minister or senior government official, a high ranking member of the armed forces, or a Chairman, CEO or CFO of an international organisation); or
- is an immediate family member of a person referred to above or is a close associate of that person.

Where you identify as a Politically Exposed Person, or you have an association with a Politically Exposed Person, we may request additional information from you and this may cause a delay in processing your Application.

Completing your application checklist

☐ Step 1 – Target Market Confirmation

If you do not have a Financial Adviser appointed, all applicants must complete the Target Market Confirmation questions to determine if the product is suitable for your investment needs.

→ **Proceed to Step 2.**

☐ Step 2 – Applicant details

Please indicate what type of applicant you are.

☐ **Individual and Joint Applicants –** proceed to Section 2

OR

☐ **Company Applicants –** proceed to Section 3

OR

☐ **Trust Applicants –** proceed to Section 4

→ **Complete Section 2, 3 or 4 then proceed to Step 3.**

☐ Step 3 – Bond type

Please advise the type of bond you are you applying for.

☐ **Individual Education Bond –** proceed to Section 5

OR

☐ **Family Education Bond –** proceed to Section 6

→ **Complete Section 5 or 6 and proceed to Step 4 if you want to use the estate planning features (optional), otherwise proceed to Step 5.**

☐ Step 4 – Estate planning (optional)

Complete this section to elect a Bond Estate Nominee(s), set a Future Activated Transfer or nominate a Bond Guardian(s).

☐ **Estate planning –** proceed to Section 7

→ **Proceed to Step 5.**

☐ Step 5 – Your Investments

Provide your instructions on how much you want to invest and the Investment Options to invest into.

☐ **Your contribution and investment instructions –** proceed to Section 8

AND

☐ **Default Investment Allocation –** proceed to Section 9

→ **Complete Section 8 and 9 and proceed to Step 6 if you are electing to use Direct Debit. If not using Direct Debit, proceed to Step 7.**

☐ Step 6 – Direct Debit

Provide your bank details and authorisation for direct debit.

☐ **Direct Debit Request –** proceed to Section 10

→ **Proceed to Step 7.**

☐ Step 7 – Your declaration and signature

Your acceptance and agreement to the terms and conditions.

☐ **Your declaration and signature –** proceed to Section 11

→ **Your Application Form is complete and ready to return to Futurity.**

Financial Adviser Form

If you have a Financial Adviser appointed, they will complete the Financial Adviser Form in Section 12.

Section 1. Target Market Confirmation

Financial Adviser

Do you have a Financial Adviser acting on your behalf? (please tick):

☐ Yes – If you have a Financial Adviser acting on your behalf, please have them complete the Financial Adviser details in Section 12. You may skip the below Target Market Determination questions and proceed to Section 2.

☐ No – Please complete the below Target Market Determination questions for all applicant types including companies/trusts.

Target Market Determination

We are required under Part 7.8A of the *Corporations Act 2001* (Cth) to determine whether your reasons for investing are consistent with your selected product's attributes and the product's Target Market Determination (TMD). A copy of the TMD is available at **futurityinvest.com.au**.

Your responses to the following questions are required to help us determine (based on the limited responses received) if this product is suitable for your investment needs. Should we determine that your investment is not consistent with the Target Market Determination, your Application will not be processed.

These questions are used to assess whether this product is consistent with your investment objectives, financial situation and needs as described in the product's TMD. This assessment is not personal financial advice. If you are uncertain whether this product is appropriate for your circumstances, you should seek advice from a licensed Financial Adviser before proceeding.

1) Are you comfortable with identifying the level of investment risk you are prepared to take and selecting your own Investment Options? ☐ Yes ☐ No

2) The Education Bond is a medium-to-long-term tax-effective saving and investment product. Do you intend to hold the product for more than 5 years? ☐ Yes ☐ No

3) This product reinvests earnings rather than distributing them as regular income. Are you comfortable investing in a product that makes earnings available via withdrawal requests, rather than automatically distributing earnings on a regular basis? ☐ Yes ☐ No

4) Can you confirm that you are looking to invest for education purposes, with the ability to access your investment for non-education purposes if required, noting that access to your investment is subject to the following product conditions: ☐ Yes ☐ No

- a minimum Bond Balance of $500 must be maintained at all times;
- for Savings Plans, withdrawals are only available once Paid-Up Status has been attained (that is, once net contributions of at least $5,000 have been made to the Education Bond); and
- in certain circumstances Futurity may defer or delay the processing of withdrawal requests (see the PDS for details).

Are you looking to invest for education purposes and are you comfortable with the access conditions?

5) The tax advantages of the product are, usually, maximised for investors with a marginal tax rate (MTR) above 30%. Do you have an MTR above 30% and/or are you investing for a non-tax related education proposed strategy (for example, education funding, estate planning, wealth transfer, asset protection, alternative to superannuation etc.)? ☐ Yes ☐ No

6) Education Bonds are not considered to be in the target market for superannuation funds which must be maintained solely to provide retirement benefits to their members. Are you a superannuation fund looking to invest in the product? ☐ Yes ☐ No

7) Education Bonds are not portable between product issuers. Are you wanting to transfer your Futurity Education Bond to another product issuer after establishment? ☐ Yes ☐ No

Section 2. Bond Owner(s) | Individual and Joint Applicants

We are required to comply with AML/CTF Laws, including the need to establish the identity of persons and entities associated with the investment. Refer to the 'Investor Identification' section on page 2 for the relevant individuals or entities required to complete AML/CTF identity verification. To support this, we require details of a current driver's licence or passport of relevant individuals, or entity details. If you are unable to provide these details, please contact us on 1300 345 456. We may, from time to time, require additional information to assist with this process.

2A. Bond Owner(s) personal details

Bond Owner 1*

Title: (please tick) ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other: (please specify)

First name: Middle name:

Surname:

Date of birth: / /

Residential address:
(not a PO Box)

Occupation:

Email:

Phone:

Postal address:

Same as residential: ☐

Are you a Politically Exposed Person? (refer to page 2 for a description): (please tick) ☐ Yes ☐ No

Please provide your source of wealth:
We are required by law to understand how you have built your overall wealth over time.

- ☐ Employment income
- ☐ Business ownership or business income
- ☐ Investment income or capital growth
- ☐ Sale of a business or major asset
- ☐ Inheritance
- ☐ Gift/Donation
- ☐ Compensation or insurance payout
- ☐ Superannuation/Pension

Other: (please specify)

Under the Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS) Laws, we are required to ask for additional tax residency information.

Are you a tax resident of Australia? ☐ Yes ☐ No

Are you a tax resident of a country other than Australia or a Specified U.S. Person? ☐ Yes ☐ No

* All correspondence will be sent to Bond Owner 1 (primary joint Member). For children aged from 10 years of age to under 16 years of age, a parent or legal guardian is required to provide their details as Bond Owner 2.

Bond Owner 2* (optional)

Title: (please tick) ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other: (please specify)

First name: Middle name:

Surname:

Date of birth: / /

Residential address:
(not a PO Box)

Occupation:

Email:

Phone:

Postal address:

Same as residential: ☐

Are you a Politically Exposed Person? (refer to page 2 for a description): (please tick) ☐ Yes ☐ No

Please provide your source of wealth:
We are required by law to understand how you have built your overall wealth over time.

- ☐ Employment income
- ☐ Business ownership or business income
- ☐ Investment income or capital growth
- ☐ Sale of a business or major asset
- ☐ Inheritance
- ☐ Gift/Donation
- ☐ Compensation or insurance payout
- ☐ Superannuation/Pension

Other: (please specify)

Under the Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS) Laws, we are required to ask for additional tax residency information.

Are you a tax resident of Australia? ☐ Yes ☐ No

Are you a tax resident of a country other than Australia or a Specified U.S. Person? ☐ Yes ☐ No

If 'Yes' to the above question, you will need to complete a separate FATCA/CRS Form available on our website.

▶ If there are more than two Bond Owners, please contact us prior to submitting your Application.

Section 2B. Authority to give us instructions for joint Bond Owners

Please elect which joint Bond Owners have authority to instruct us on your bond and bind the other Bond Owner(s) for transactions (including additional contributions, switches and withdrawals).

- ☐ Any Bond Owner
- ☐ Only Bond Owner 1
- ☐ All Bond Owners (default)
- ☐ Only Bond Owner 2

* All correspondence will be sent to Bond Owner 1 (primary joint Member).

2C. Your Bond Representative(s) – optional

You can appoint Bond Representatives to act for you while you continue in your role as a Bond Owner(s). You can give a Bond Representative(s) your chosen level of authority to act in respect of your bond. See PDS Part A for Bond Representative terms and conditions.

If there are more than two Bond Representatives, please contact us prior to submitting your Application.

Appointment of Bond Representatives with basic Authorised Functions

I/We would like to appoint this person, or persons, as my/our Bond Representative(s). I/We authorise my/our Bond Representative(s) to have these basic Authorised Functions:

- access to my/our online portal, bond details, personal details and right to receive reports and statements; and
- any other basic Authorised Functions that Futurity may, from time to time, approve.

Bond Representative 1

Title: (please tick) ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other: (please specify)

First name: Middle name:

Surname:

Date of birth: / / (must be at least 18 years of age)

Residential address:
(not a PO Box)

Occupation:

Email:

Phone:

Is the Bond Representative a Politically Exposed Person? (refer to page 2 for a description): (please tick) ☐ Yes ☐ No

If 'Yes' to the above question, please provide their source of wealth:

☐ Employment income
☐ Business ownership or business income
☐ Investment income or capital growth
☐ Sale of a business or major asset
☐ Inheritance
☐ Gift/Donation
☐ Compensation or insurance payout
☐ Superannuation/Pension

Other: (please specify)

Under the Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS) Laws, we are required to ask for additional tax residency information.

Are they a tax resident of Australia? ☐ Yes ☐ No

Are they a tax resident of a country other than Australia or a Specified U.S. Person? ☐ Yes ☐ No

If 'Yes' to the above question, they will need to complete a separate FATCA/CRS Form available on our website.

Bond Representative 2 (optional)

Title: (please tick) ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other: (please specify)

First name: Middle name:

Surname:

Date of birth: / / (must be at least 18 years of age)

Residential address:
(not a PO Box)

Occupation:

Email:

Phone:

Is the Bond Representative a Politically Exposed Person? (refer to page 2 for a description): (please tick) ☐ Yes ☐ No

If 'Yes' to the above question, please provide their source of wealth:

- ☐ Employment income
- ☐ Business ownership or business income
- ☐ Investment income or capital growth
- ☐ Sale of a business or major asset
- ☐ Inheritance
- ☐ Gift/Donation
- ☐ Compensation or insurance payout
- ☐ Superannuation/Pension

Other: (please specify)

Under the Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS) Laws, we are required to ask for additional tax residency information.

Are they a tax resident of Australia? ☐ Yes ☐ No

Are they a tax resident of a country other than Australia or a Specified U.S. Person? ☐ Yes ☐ No

If 'Yes' to the above question, they will need to complete a separate FATCA/CRS Form available on our website.

2D. Additional Authorised Functions (you need to tick to authorise)

☐ I/We authorise my/our Bond Representative(s) to have the below additional Authorised Functions including:

- switching Investment Options;
- making contributions and Education Benefit Claims or Other Withdrawals (Any Purpose) including making full withdrawals (with Futurity's approval); and
- appointing, removing and replacing Education Beneficiaries.

2E. Authority to give us instructions for joint Bond Representatives

Please elect which joint Bond Representatives have authority to instruct us on your bond.

- ☐ Any Bond Representative
- ☐ Only Bond Representative 1
- ☐ All Bond Representatives
- ☐ Only Bond Representative 2

2F. Bond Representative declaration and signature

I/We confirm that I/we have obtained a copy of the current Product Disclosure Statement and have read and understood it and agree to be bound by the terms and conditions contained in it relating to Bond Representatives.

Bond Representative 1		**Bond Representative 2**	
Signature:		Signature:	
Print name:		Print name:	
Date:	/ /	Date:	/ /

Individual Education Bond ▶ Proceed to Section 5

Family Education Bond ▶ Proceed to Section 6

Section 3. Bond Owner | Company Applicants

We are required to comply with AML/CTF Laws, including the need to establish the identity of persons and entities associated with the investment. Refer to the 'Investor Identification' section on page 2 for the relevant individuals or entities required to complete AML/CTF identity verification. To support this, we require details of a current driver's licence or passport of relevant individuals, or entity details. If you are unable to provide these details, please contact us on 1300 345 456. We may, from time to time, require additional information to assist with this process.

3A. Company details

Full name as registered by ASIC :

ACN/ABN:

Registered office address:
(not a PO Box)

Principal place of business:
(only if different from registered office. PO Box is NOT acceptable)

Under the Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS) Laws, we are required to ask for additional tax residency information.

1. Is the company an Australian tax resident? ☐ Yes ☐ No

Important: A separate FATCA/CRS Form is required if question 2 and/or 3 below is 'Yes'. This form is available on our website.

2. Is the company a tax resident of any country other than Australia (including the United States)? ☐ Yes ☐ No

3. Is the company any of the following – a U.S. company, trust or partnership; or a financial institution (in Australia or another participating jurisdiction)? ☐ Yes ☐ No

3B. Company contact person

First name: Middle name:

Surname:

Phone: Business number:

Email:

3C. Directors

How many directors are there? Please provide details below of each director.

Director 1

Title: (please tick) ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other: (please specify)

First name: Middle name:

Surname:

Date of birth: / /

Residential address:
(not a PO Box)

Is this director a Politically Exposed Person? (refer to page 2 for a description): (please tick) ☐ Yes ☐ No

Director 1 (continued)

Please provide their source of wealth:
We are required by law to understand how they have built their overall wealth over time.

- ☐ Employment income
- ☐ Business ownership or business income
- ☐ Investment income or capital growth
- ☐ Sale of a business or major asset
- ☐ Inheritance
- ☐ Gift/Donation
- ☐ Compensation or insurance payout
- ☐ Superannuation/Pension

Other: (please specify)

Under the Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS) Laws, we are required to ask for additional tax residency information.

Are they a tax resident of Australia? ☐ Yes ☐ No

Are they a tax resident of a country other than Australia or a Specified U.S. Person? ☐ Yes ☐ No

If 'Yes' to the above question, they will need to complete a separate FATCA/CRS Form available on our website.

Director 2

Title: (please tick) ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other: (please specify)

First name: Middle name:

Surname:

Date of birth: / /

Residential address:
(not a PO Box)

Is this director a Politically Exposed Person? (refer to page 2 for a description): (please tick) ☐ Yes ☐ No

Please provide their source of wealth:
We are required by law to understand how they have built their overall wealth over time.

- ☐ Employment income
- ☐ Business ownership or business income
- ☐ Investment income or capital growth
- ☐ Sale of a business or major asset
- ☐ Inheritance
- ☐ Gift/Donation
- ☐ Compensation or insurance payout
- ☐ Superannuation/Pension

Other: (please specify)

Under the Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS) Laws, we are required to ask for additional tax residency information.

Are they a tax resident of Australia? ☐ Yes ☐ No

Are they a tax resident of a country other than Australia or a Specified U.S. Person? ☐ Yes ☐ No

If 'Yes' to the above question, they will need to complete a separate FATCA/CRS Form available on our website.

▶ If there are more than two directors, please provide their details on a separate attachment to this Application Form.

3D. Beneficial owners/shareholders

Please provide the details for those persons who own or control 25% or more of the company.

Beneficial owner 1

Title: (please tick) ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other: (please specify)

First name: Middle name:

Surname:

Date of birth: / /

Residential address:
(not a PO Box)

Is this beneficial owner a Politically Exposed Person? (refer to page 2 for a description): (please tick) ☐ Yes ☐ No

Please provide their source of wealth:
We are required by law to understand how they have built their overall wealth over time.

- ☐ Employment income
- ☐ Business ownership or business income
- ☐ Investment income or capital growth
- ☐ Sale of a business or major asset
- ☐ Inheritance
- ☐ Gift/Donation
- ☐ Compensation or insurance payout
- ☐ Superannuation/Pension

Other: (please specify)

Under the Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS) Laws, we are required to ask for additional tax residency information.

Are they a tax resident of Australia? ☐ Yes ☐ No

Are they a tax resident of a country other than Australia or a Specified U.S. Person? ☐ Yes ☐ No

If 'Yes' to the above question, they will need to complete a separate FATCA/CRS Form available on our website.

Beneficial owner 2

Title: (please tick) ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other: (please specify)

First name: Middle name:

Surname:

Date of birth: / /

Residential address:
(not a PO Box)

Is this beneficial owner a Politically Exposed Person? (refer to page 2 for a description): (please tick) ☐ Yes ☐ No

Please provide their source of wealth:
We are required by law to understand how they have built their overall wealth over time.

- ☐ Employment income
- ☐ Business ownership or business income
- ☐ Investment income or capital growth
- ☐ Sale of a business or major asset
- ☐ Inheritance
- ☐ Gift/Donation
- ☐ Compensation or insurance payout
- ☐ Superannuation/Pension

Other: (please specify)

Beneficial owner 2 (continued)

Under the Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS) Laws, we are required to ask for additional tax residency information.

Are they a tax resident of Australia? ☐ Yes ☐ No

Are they a tax resident of a country other than Australia or a Specified U.S. Person? ☐ Yes ☐ No

If 'Yes' to the above question, they will need to complete a separate FATCA/CRS Form available on our website.

Beneficial owner 3

Title: (please tick) ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other: (please specify)

First name: Middle name:

Surname:

Date of birth: / /

Residential address:
(not a PO Box)

Is this beneficial owner a Politically Exposed Person? (refer to page 2 for a description): (please tick) ☐ Yes ☐ No

Please provide their source of wealth:
We are required by law to understand how they have built their overall wealth over time.

- ☐ Employment income
- ☐ Business ownership or business income
- ☐ Investment income or capital growth
- ☐ Sale of a business or major asset
- ☐ Inheritance
- ☐ Gift/Donation
- ☐ Compensation or insurance payout
- ☐ Superannuation/Pension

Other: (please specify)

Under the Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS) Laws, we are required to ask for additional tax residency information.

Are they a tax resident of Australia? ☐ Yes ☐ No

Are they a tax resident of a country other than Australia or a Specified U.S. Person? ☐ Yes ☐ No

If 'Yes' to the above question, they will need to complete a separate FATCA/CRS Form available on our website.

▶ If there are more than three beneficial owners/shareholders, please provide their details on a separate attachment to this Application Form.

Individual Education Bond ▶ Proceed to Section 5

Family Education Bond ▶ Proceed to Section 6

We are required to comply with AML/CTF Laws, including the need to establish the identity of persons and entities associated with the investment. Refer to the 'Investor Identification' section on page 2 for the relevant individuals or entities required to complete AML/CTF identity verification. To support this, we require details of a current driver's licence or passport of relevant individuals, or entity details. If you are unable to provide these details, please contact us on 1300 345 456. We may, from time to time, require additional information to assist with this process.

4A. Trust details

Name of trust: (or deceased estate)

ACN/ABN: (if applicable)

Full business name: (if any)

Country where trust established:

Type of trust: (please tick)

☐ Family trust ☐ Unit trust ☐ Testamentary trust ☐ Other: (please specify)

Type of trustee: (please tick)

☐ **Individual(s)** Note: Please also complete the Individual trustee details in Section 4D

☐ **Company** Note: Please also complete the Australian company details in Sections 4E-4G

Under the Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS) Laws, we are required to ask for additional tax residency information.

1. Is the trust an Australian tax resident? ☐ Yes ☐ No

Important: A separate FATCA/CRS Form is required if question 2 and/or 3 below is 'Yes'. This form is available on our website.

2. Is the trust a tax resident of any country other than Australia (including the United States)? ☐ Yes ☐ No

3. Is the trust any of the following – a U.S. company, trust or partnership; or a financial institution (in Australia or another participating jurisdiction)? ☐ Yes ☐ No

Appointor details

Title: (please tick) ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other: (please specify)

First name: Middle name:

Surname:

Settlor details

Title: (please tick) ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other: (please specify)

First name: Middle name:

Surname:

If the settlor is deceased please provide date of death: (if available) / /

4B. Trust contact person

First name: Middle name:

Surname:

Phone: Business number:

Email:

4C. Trust beneficiaries

How are beneficiaries identified in the trust deed? (please tick one)

☐ By named beneficiaries
Please complete Section 4C except the Beneficiary Classes section.

☐ By specified classes
Proceed to the Beneficiary Classes section at the end of Section 4C.

Trust beneficiary 1

Key beneficial owner: ☐ Yes ☐ No

Key beneficial owner is an individual who holds 25% or more of the capital or income of the trust, or otherwise exercises effective control.

Title: (please tick) ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other: (please specify)

First name: Middle name:

Surname:

Date of birth: / /

Residential address:
(not a PO Box)

Is this trust beneficiary a Politically Exposed Person? (refer to page 2 for a description) (please tick) ☐ Yes ☐ No

If 'Yes' to the key beneficial owner and/or Politically Exposed Person questions above, please provide their source of wealth:

☐ Employment income
☐ Business ownership or business income
☐ Investment income or capital growth
☐ Sale of a business or major asset
☐ Inheritance
☐ Gift/Donation
☐ Compensation or insurance payout
☐ Superannuation/Pension

Other: (please specify)

If 'Yes' to the key beneficial owner question, please provide their tax residency information.

Under the Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS) Laws, we are required to ask for additional tax residency information.

Are they a tax resident of Australia? ☐ Yes ☐ No

Are they a tax resident of a country other than Australia or a Specified U.S. Person? ☐ Yes ☐ No

If 'Yes' to the above question, they will need to complete a separate FATCA/CRS Form available on our website.

Trust beneficiary 2

Key beneficial owner: ☐ Yes ☐ No

Key beneficial owner is an individual who holds 25% or more of the capital or income of the trust, or otherwise exercises effective control.

Title: (please tick) ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other (please specify):

First name: Middle name:

Surname:

Date of birth: / /

Residential address:
(not a PO Box)

Is this trust beneficiary a Politically Exposed Person? (refer to page 2 for a description) (please tick) ☐ Yes ☐ No

If 'Yes' to the key beneficial owner and/or Politically Exposed Person questions above, please provide their source of wealth:

☐ Employment income ☐ Sale of a business or major asset ☐ Compensation or insurance payout
☐ Business ownership or business income ☐ Inheritance ☐ Superannuation/Pension
☐ Investment income or capital growth ☐ Gift/Donation

Other: (please specify)

If 'Yes' to the key beneficial owner question, please provide their tax residency information.

Under the Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS) Laws, we are required to ask for additional tax residency information.

Are they a tax resident of Australia? ☐ Yes ☐ No

Are they a tax resident of a country other than Australia or a Specified U.S. Person? ☐ Yes ☐ No

If 'Yes' to the above question, they will need to complete a separate FATCA/CRS Form available on our website.

Trust beneficiary 3

Key beneficial owner: ☐ Yes ☐ No

Key beneficial owner is an individual who holds 25% or more of the capital or income of the trust, or otherwise exercises effective control.

Title: (please tick) ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other: (please specify)

First name: Middle name:

Surname:

Date of birth: / /

Residential address:
(not a PO Box)

Is this trust beneficiary a Politically Exposed Person? (refer to page 2 for a description) (please tick) ☐ Yes ☐ No

If 'Yes' to the key beneficial owner and/or Politically Exposed Person questions above, please provide their source of wealth:

☐ Employment income ☐ Sale of a business or major asset ☐ Compensation or insurance payout
☐ Business ownership or business income ☐ Inheritance ☐ Superannuation/Pension
☐ Investment income or capital growth ☐ Gift/Donation

Other: (please specify)

Trust beneficiary 3 (continued)

If 'Yes' to the key beneficial owner question, please provide their tax residency information.

Under the Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS) Laws, we are required to ask for additional tax residency information.

Are they a tax resident of Australia? ☐ Yes ☐ No

Are they a tax resident of a country other than Australia or a Specified U.S. Person? ☐ Yes ☐ No

If 'Yes' to the above question, they will need to complete a separate FATCA/CRS Form available on our website.

Trust beneficiary 4

Key beneficial owner: ☐ Yes ☐ No

Key beneficial owner is an individual who holds 25% or more of the capital or income of the trust, or otherwise exercises effective control.

Title: (please tick) ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other: (please specify)

First name: Middle name:

Surname:

Date of birth: / /

Residential address:
(not a PO Box)

Is this trust beneficiary a Politically Exposed Person? (refer to page 2 for a description) (please tick) ☐ Yes ☐ No

If 'Yes' to the key beneficial owner and/or Politically Exposed Person questions above, please provide their source of wealth:

☐ Employment income
☐ Business ownership or business income
☐ Investment income or capital growth
☐ Sale of a business or major asset
☐ Inheritance
☐ Gift/Donation
☐ Compensation or insurance payout
☐ Superannuation/Pension

Other: (please specify)

If 'Yes' to the key beneficial owner question, please provide their tax residency information.

Under the Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS) Laws, we are required to ask for additional tax residency information.

Are they a tax resident of Australia? ☐ Yes ☐ No

Are they a tax resident of a country other than Australia or a Specified U.S. Person? ☐ Yes ☐ No

If 'Yes' to the above question, they will need to complete a separate FATCA/CRS Form available on our website.

Note: If there are more than four trust beneficiaries, please provide their details on a separate attachment to this Application Form.

Beneficiary classes

If the trust identifies its beneficiaries/unit holders by specified classes and/or by names and specified classes, please list the class below and also the beneficiaries named (if any) within specified classes:

1.

2.

Where the trust deed identifies beneficiaries by specific classes, completion of the 'Beneficiary classes' section is sufficient.

4D. Individual trustee details

Individual trustee 1

Title: (please tick) ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other: (please specify)

First name: Middle name:

Surname:

Date of birth: / /

Occupation:

Residential address:
(not a PO Box)

Is this trustee a Politically Exposed Person? (refer to page 2 for a description) (please tick) ☐ Yes ☐ No

Please provide their source of wealth:
We are required by law to understand how they have built their overall wealth over time.

☐ Employment income
☐ Business ownership or business income
☐ Investment income or capital growth
☐ Sale of a business or major asset
☐ Inheritance
☐ Gift/Donation
☐ Compensation or insurance payout
☐ Superannuation/Pension

Other: (please specify)

Under the Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS) Laws, we are required to ask for additional tax residency information.

Are they a tax resident of Australia? ☐ Yes ☐ No

Are they a tax resident of a country other than Australia or a Specified U.S. Person? ☐ Yes ☐ No

If 'Yes' to the above question, they will need to complete a separate FATCA/CRS Form available on our website.

Individual trustee 2

Title: (please tick) ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other: (please specify)

First name: Middle name:

Surname:

Date of birth: / /

Occupation:

Residential address:
(not a PO Box)

Is this trustee a Politically Exposed Person? (refer to page 2 for a description) (please tick) ☐ Yes ☐ No

Please provide their source of wealth:
We are required by law to understand how they have built their overall wealth over time.

☐ Employment income
☐ Business ownership or business income
☐ Investment income or capital growth
☐ Sale of a business or major asset
☐ Inheritance
☐ Gift/Donation
☐ Compensation or insurance payout
☐ Superannuation/Pension

Other: (please specify)

Individual trustee 2 (continued)

Under the Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS) Laws, we are required to ask for additional tax residency information.

Are they a tax resident of Australia? ☐ Yes ☐ No

Are they a tax resident of a country other than Australia or a Specified U.S. Person? ☐ Yes ☐ No

If 'Yes' to the above question, they will need to complete a separate FATCA/CRS Form available on our website.

▶ If there are more than two individual trustees, please provide their details on a separate attachment to this Application Form.

4E. Company trustee details

To be completed if the trustee is a company.

Full name as registered by ASIC:

ACN/ABN:

Registered office address:
(not a PO Box)

Principal place of business:
(if different from registered office.
PO Box is NOT acceptable)

Under the Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS) Laws, we are required to ask for additional tax residency information.

1. Is the company an Australian tax resident? ☐ Yes ☐ No

Important: A separate FATCA/CRS Form is required if question 2 and/or 3 below is 'Yes'. This form is available on our website.

2. Is the company a tax resident of any country other than Australia (including the United States)? ☐ Yes ☐ No

3. Is the company any of the following – a U.S. company, trust or partnership; or a financial institution (in Australia or another participating jurisdiction)? ☐ Yes ☐ No

Company contact person

First name: Middle name:

Surname:

Phone: Business number:

Email:

4F. Company trustee directors

How many directors are there? Please provide details below of each director.

Director 1

Title: (please tick) ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other: (please specify)

First name: Middle name:

Surname:

Date of birth: / /

Residential address:
(not a PO Box)

Director 1 (continued)

Is this director a Politically Exposed Person? (refer to page 2 for a description): (please tick) ☐ Yes ☐ No

Please provide their source of wealth:
We are required by law to understand how they have built their overall wealth over time.

☐ Employment income
☐ Business ownership or business income
☐ Investment income or capital growth
☐ Sale of a business or major asset
☐ Inheritance
☐ Gift/Donation
☐ Compensation or insurance payout
☐ Superannuation/Pension

Other: (please specify)

Under the Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS) Laws, we are required to ask for additional tax residency information.

Are they a tax resident of Australia? ☐ Yes ☐ No

Are they a tax resident of a country other than Australia or a Specified U.S. Person? ☐ Yes ☐ No

If 'Yes' to the above question, they will need to complete a separate FATCA/CRS Form available on our website.

Director 2

Title: (please tick) ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other: (please specify)

First name: Middle name:

Surname:

Date of birth: / /

Residential address:
(not a PO Box)

Is this director a Politically Exposed Person? (refer to page 2 for a description): (please tick) ☐ Yes ☐ No

Please provide their source of wealth:
We are required by law to understand how they have built their overall wealth over time.

☐ Employment income
☐ Business ownership or business income
☐ Investment income or capital growth
☐ Sale of a business or major asset
☐ Inheritance
☐ Gift/Donation
☐ Compensation or insurance payout
☐ Superannuation/Pension

Other: (please specify)

Under the Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS) Laws, we are required to ask for additional tax residency information.

Are they a tax resident of Australia? ☐ Yes ☐ No

Are they a tax resident of a country other than Australia or a Specified U.S. Person? ☐ Yes ☐ No

If 'Yes' to the above question, they will need to complete a separate FATCA/CRS Form available on our website.

▶ If there are more than two directors, please provide their details on a separate attachment to this Application Form.

4G. Company trustee beneficial owners

Please provide the details for those persons who own or control 25% or more of the company.

Beneficial owner 1

Title: (please tick) ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other: (please specify)

First name: Middle name:

Surname:

Date of birth: / /

Residential address:
(not a PO Box)

Is this beneficial owner a Politically Exposed Person? (refer to page 2 for a description): (please tick) ☐ Yes ☐ No

Please provide their source of wealth:
We are required by law to understand how they have built their overall wealth over time.

☐ Employment income
☐ Business ownership or business income
☐ Investment income or capital growth
☐ Sale of a business or major asset
☐ Inheritance
☐ Gift/Donation
☐ Compensation or insurance payout
☐ Superannuation/Pension

Other: (please specify)

Under the Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS) Laws, we are required to ask for additional tax residency information.

Are they a tax resident of Australia? ☐ Yes ☐ No

Are they a tax resident of a country other than Australia or a Specified U.S. Person? ☐ Yes ☐ No

If 'Yes' to the above question, they will need to complete a separate FATCA/CRS Form available on our website.

Beneficial owner 2

Title: (please tick) ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other: (please specify)

First name: Middle name:

Surname:

Date of birth: / /

Residential address:
(not a PO Box)

Is this beneficial owner a Politically Exposed Person? (refer to page 2 for a description): (please tick) ☐ Yes ☐ No

Please provide their source of wealth:
We are required by law to understand how they have built their overall wealth over time.

☐ Employment income
☐ Business ownership or business income
☐ Investment income or capital growth
☐ Sale of a business or major asset
☐ Inheritance
☐ Gift/Donation
☐ Compensation or insurance payout
☐ Superannuation/Pension

Other: (please specify)

Under the Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS) Laws, we are required to ask for additional tax residency information.

Are they a tax resident of Australia? ☐ Yes ☐ No

Are they a tax resident of a country other than Australia or a Specified U.S. Person? ☐ Yes ☐ No

If 'Yes' to the above question, they will need to complete a separate FATCA/CRS Form available on our website.

Beneficial owner 3

Title: (please tick) ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other: (please specify)

First name: Middle name:

Surname:

Date of birth: / /

Residential address:
(not a PO Box)

Is this beneficial owner a Politically Exposed Person? (refer to page 2 for a description): (please tick) ☐ Yes ☐ No

Please provide their source of wealth:
We are required by law to understand how they have built their overall wealth over time.

☐ Employment income
☐ Business ownership or business income
☐ Investment income or capital growth
☐ Sale of a business or major asset
☐ Inheritance
☐ Gift/Donation
☐ Compensation or insurance payout
☐ Superannuation/Pension

Other: (please specify)

Under the Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS) Laws, we are required to ask for additional tax residency information.

Are they a tax resident of Australia? ☐ Yes ☐ No

Are they a tax resident of a country other than Australia or a Specified U.S. Person? ☐ Yes ☐ No

If 'Yes' to the above question, they will need to complete a separate FATCA/CRS Form available on our website.

▶ If there are more than three company trustee beneficial owners, please provide their details on a separate attachment to this Application Form.

4H. Required documents

Please provide certified copies of extracts of the stamped and dated trust deed and any variations showing the name of the trust, name and address of the settlor, amount of the initial settled sum, name(s) and address(es) of the trustee(s), the beneficiary names/unit holder names/beneficiary classes and the trust's execution page.

OR If the above cannot be provided, please provide the following:

A letter from a practising solicitor or qualified accountant that confirms the name of the trust, name and address of the settlor, amount of the initial settled sum, name(s) and address(es) of the trustee(s), the date of the trust establishment, and the beneficiary names/unit holder names/beneficiary classes.

Individual Education Bond ▶ Proceed to Section 5

Family Education Bond ▶ Proceed to Section 6

Section 5. Bond type | Individual Education Bond

For more information on bond types please refer to PDS Part A.

5A. Individual Education Bond – your nominated Education Beneficiary

For the Individual Education Bond, only one Education Beneficiary can be nominated per bond. Please complete a separate Application Form for each Individual Education Beneficiary.

Refer to PDS Part A for information about appointing or removing an Education Beneficiary. You can do this at any time by contacting Futurity.

You are able to leave this section blank if you intend to appoint your Education Beneficiary in the future.

Title: (please tick) ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other: (please specify)

First name: Middle name:

Surname:

Date of birth: / /

Residential address: (not a PO Box)

Address same as Bond Owner 1: ☐

Phone:

Email: (If applicable)

5B. Life Insured

At least one Life Insured is required. Additional Lives Insured may be added at any time. However, Lives Insured cannot be removed once they have been added to a bond. Refer to PDS Part A for more information about Life Insured.

Please note that some Australian states (NSW, QLD, TAS) may levy a small amount of duty on your Initial Contribution when a Life Insured resides in that state. Refer to the 'Fees and other costs' section of PDS Part A, or contact us for further details.

Select below who you want to nominate as the Life/Lives Insured. You can nominate more than one person but they must be a natural person and not a company or trust.

☐ **Bond Owner(s)** specified in Section 2 (this is the default option if no selection is made). Each Bond Owner will be registered as a joint Life Insured.

☐ **Your Education Beneficiary** specified in Section 5.

☐ **Other persons.** Complete details below.

If you are a trust or company, have selected 'Other persons' or do not want joint Bond Owners registered as a joint Life Insured, provide details below. If no selection is made, the Life/Lives Insured will default to the Bond Owner(s) specified in Section 2 for individual and joint applicants.

Life Insured 1

Title: (please tick) ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other: (please specify)

First name: Middle name:

Surname:

Date of birth: / /

Residential address: (not a PO Box)

Phone:

Email:

Life Insured 2

Title: (please tick) ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other: (please specify)

First name: Middle name:

Surname:

Date of birth: / /

Residential address:
(not a PO Box)

Phone:

Email:

▶ If you would like to nominate more than two Lives Insured, please contact Futurity.

▶ Proceed to Section 7

Section 6. Bond type | Family Education Bond

For more information on bond types please refer to PDS Part A.

6A. Education Beneficiary(s) – Family Education Bond

Refer to PDS Part A for information about appointing or removing Education Beneficiary(s). You can do this at any time by contacting Futurity.

You are able to leave this section blank if you intend to appoint your Education Beneficiary(s) in the future.

Education Beneficiary 1

Title: (please tick) ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other: (please specify)

First name: Middle name:

Surname:

Date of birth: / /

Residential address: (not a PO Box)

Address same as Bond Owner 1: ☐

Phone:

Email:

Class of beneficiary: ☐ Family Class

☐ Friends Class

Education Beneficiary 2

Title: (please tick) ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other: (please specify)

First name: Middle name:

Surname:

Date of birth: / /

Residential address: (not a PO Box)

Address same as Bond Owner 1: ☐

Phone:

Email:

Class of beneficiary: ☐ Family Class

☐ Friends Class

Education Beneficiary 3

Title: (please tick) ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other: (please specify)

First name: Middle name:

Surname:

Date of birth: / /

Residential address: (not a PO Box)

Address same as Bond Owner 1: ☐

Phone:

Email:

Class of beneficiary: ☐ Family Class

☐ Friends Class

Education Beneficiary 4

Title: (please tick) ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other: (please specify)

First name: Middle name:

Surname:

Date of birth: / /

Residential address: (not a PO Box)

Address same as Bond Owner 1: ☐

Phone:

Email:

Class of beneficiary: ☐ Family Class

☐ Friends Class

Education Beneficiary 5

Title: (please tick) ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other: (please specify)

First name: Middle name:

Surname:

Date of birth: / /

Residential address: (not a PO Box)

Address same as Bond Owner 1: ☐

Phone:

Email:

Class of beneficiary: ☐ Family Class

☐ Friends Class

▶ If you would like to appoint more than five Education Beneficiaries, please contact Futurity after your Application has been lodged and accepted.

6B. Life Insured

Refer to PDS Part A for information about your bond's Life Insured.

At least one Life Insured is required. Additional Lives Insured may be added at any time. However, Lives Insured cannot be removed once they have been added to a bond. Please note that some Australian states (NSW, QLD, TAS) may levy a small amount of duty on your Initial Contribution when a Life Insured resides in that state. Refer to the 'Fees and other costs' section of PDS Part A, or contact us for further details.

Select below who you want to nominate as the Life/Lives Insured. You can nominate more than one person but they must be a natural person and not a company or trust.

☐ **Bond Owner(s)** specified in Section 2 (this is the default option if no selection is made). Each Bond Owner will be registered as a joint Life Insured.

☐ **Your Education Beneficiary(s)** specified in Section 6. Complete details below.

☐ **Other persons.** Complete details below.

If you are a company or trust, have selected 'Your Education Beneficiary(s)', 'Other persons' or do not want joint Bond Owners registered as a joint Life Insured, provide details below. If no selection is made, the Life/Lives Insured will default to the Bond Owner(s) specified in Section 2.

Life Insured 1

Title: (please tick) ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other: (please specify)

First name: Middle name:

Surname:

Date of birth: / /

Residential address: (not a PO Box)

Phone:

Email:

Life Insured 2

Title: (please tick) ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other: (please specify)

First name: Middle name:

Surname:

Date of birth: / /

Residential address: (not a PO Box)

Phone:

Email:

▶ If you would like to nominate more than two Lives Insured, please contact Futurity.

Section 7. Estate planning – optional

The bond includes estate planning tools designed to assist in meeting wealth transfer objectives with the Future Activated Transfer and Bond Estate Nomination features.

With the Future Activated Transfer feature, bond ownership can be automatically programmed to transfer from the original Bond Owner to a nominated Future Activated Transfer recipient.

The Bond Estate Nomination feature enables death benefit proceeds to be paid directly to nominated beneficiaries without passing through a will or legal estate.

Additionally, up to three Bond Guardians can be appointed to act in the capacity of the Bond Owner in the event of the death, or the legal, physical, or mental incapacity of the last surviving Bond Owner.

If the Future Activated Transfer and Bond Estate Nomination features are not selected, the death benefit proceeds will be paid directly to the Bond Owner or to the Legal Personal Representative of the last surviving Bond Owner's estate to then deal with in accordance with their will and legal estate arrangements.

Refer to the 'Estate planning' section of PDS Part A, or contact us for further details.

7A. Estate planning preference

Please select your estate planning preference below. (Select one only)

☐ Future Activated Transfer
Proceed to Section 7B (mandatory) and 7D (optional), then proceed to Section 8.

OR

☐ Bond Estate Nomination
Proceed to Section 7C (mandatory) and 7D (optional), then proceed to Section 8.

OR

☐ None (default) – the death benefit proceeds will be paid directly to the Bond Owner or to the Legal Personal Representative of the last surviving Bond Owner's estate to then deal with in accordance with their will and legal estate arrangements.
Proceed to Section 7D (optional), then proceed to Section 8.

7B. Future Activated Transfer

By using a Future Activated Transfer, you can set a future date or event (such as death of the last surviving Bond Owner) for the bond to be automatically transferred to another person.

A Future Activated Transfer arrangement can be changed by you at any time prior to the transfer being completed.

Instructions

Select when the future transfer of your bond is to be activated:

☐ Transfer upon the death of the last surviving Bond Owner (for individual and joint applicants only).

OR

☐ Transfer on the following date: / /

If the death of the last surviving Bond Owner occurs before the transfer date provided above, your Bond Guardian/Legal Personal Representative will hold the bond for future activation.

Future Activated Transfer recipient details

Please provide the details of Future Activated Transfer recipients who will receive the transfer and become the new owner of your bond.

Future Activated Transfer recipient 1

Title: (please tick) ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other: (please specify)

First name: Middle name:

Surname:

Date of birth: / /

Residential address: (not a PO Box)

Phone:

Email:

Future Activated Transfer recipient 2 (Optional)

Important: If more than one Future Activated Transfer recipient is nominated, the ownership of the bond will transfer as one bond jointly owner by the Future Activated Transfer recipients as joint Bond Owners.

Title: (please tick) ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other: (please specify)

First name: Middle name:

Surname:

Date of birth: / /

Residential address: (not a PO Box)

Phone:

Email:

For a Future Activated Transfer to become legally effective, it is a requirement of the *Life Insurance Act 1995* that a Bond Ownership Transfer Form (Memorandum of Transfer) is completed. This must be signed by the person(s) transferring the bond and also signed by the Future Activated Transfer recipient(s) (i.e the person(s) who will become the bond's new owner(s) upon the transfer being registered by us). If the Future Activated Transfer recipient is under the age of 16, a parent and/or guardian can sign on their behalf (including signed by you if applicable).

Upon completion, this part of the Application Form will be deemed a Memorandum of Transfer, which can be executed in counterparts. Futurity will recognise and effect the transfer upon the person(s) transferring the bond having undertaken all steps to complete the transfer, and the Future Activated Transfer recipient(s) subsequently accepting the Memorandum of Transfer.

Additional identification verification will be required in line with AML/CTF Laws as and when appropriate.

Natural person Future Activated Transfer recipient(s) will be registered as additional life/lives insured to this bond.

Upon transfer, any existing Bond Estate Nomination and relevant Appointed Associates will be cancelled and revoked. Existing Savings Plan arrangements, auto-reweight facility and dollar cost averaging facility will also be removed upon transfer.

7C. Bond Estate Nomination

The Bond Estate Nomination feature enables you as the Bond Owner (including as joint Bond Owners) to nominate one or more Bond Estate Nominees to receive your bond balance in the event of a Bond Death Maturity occuring.

A Bond Estate Nomination can be changed by you at any time.

If a partial Bond Estate Nomination is made by allocating less than 100% total to the Bond Estate Nomination selection, the unallocated percentage will be paid to the Bond Owner or pass under the will and legal estate of the last surviving Bond Owner in the event of a Bond Death Maturity occurring.

Instructions

I/We direct and instruct Futurity:

(a) that if Bond Death Maturity occurs, that my/our bond balance shall be paid to the Bond Estate Nominees (named below) in accordance with the percentage entitlements as indicated;

(b) that if a Bond Estate Nominee who is a natural person predeceases the Bond Death Maturity event, then their respective share shall lapse and shall be allocated on a joint suvivorship basis to the remaining individual person nominee or nominees on a pro-rata basis in accordance with their applicable proportional entitlement according to the percentages of Bond Balance specified below;

(c) that if I/we have granted or in future grant a power(s) of attorney, then unless there is express power in such power(s) of attorney, I/we declare that it is not my/our intention that it can be used to change or revoke this Bond Estate Nomination;

(d) that I/we agree that if I/we transfer my/our bond, then this Bond Estate Nomination shall be cancelled and revoked upon registration of the transfer by Futurity; and

(e) that I/we agree that additional identification verification will be required in line with AML/CTF Laws as and when appropriate.

Bond Estate Nominees – individual persons nominated

Bond Estate Nominee 1

Title: (please tick) ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other: (please specify)

First name: Middle name:

Surname:

Email: Phone:

Date of birth: / / % of Bond Balance: %

Bond Estate Nominee 2

Title: (please tick) ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other: (please specify)

First name: Middle name:

Surname:

Email: Phone:

Date of birth: / / % of Bond Balance: %

Bond Estate Nominee 3

Title: (please tick) ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other: (please specify)

First name: Middle name:

Surname:

Email: Phone:

Date of birth: / / % of Bond Balance: %

Bond Estate Nominee 4

Title: (please tick) ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other: (please specify)

First name: Middle name:

Surname:

Email: Phone:

Date of birth: / / % of Bond Balance: %

Bond Estate Nominee 5

Title: (please tick) ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other: (please specify)

First name: Middle name:

Surname:

Email: Phone:

Date of birth: / / % of Bond Balance: %

Bond Estate Nominee 6

Title: (please tick) ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other: (please specify)

First name: Middle name:

Surname:

Email: Phone:

Date of birth: / / % of Bond Balance: %

Bond Estate Nominee – legal entity nominated

Bond Estate Nominee 7

Full name as registered by ASIC or under State law*:

Registered office address:
(not a PO Box)

Principal place of business:
(if different from registered office.
PO Box is NOT acceptable)

ACN/ABN: % of Bond Balance: %

Legal entity contact person

First name: Middle name:

Surname:

Phone: Business number:

Email:

Total % of bond balance allocated:

To nominate more Bond Estate Nominees, please contact Futurity.

* **Important:** If you are nominating a legal entity, such as a company or incorporated association, please take care as to correctly name and identify the legal entity – we recommend that you obtain legal advice with these kinds of nominations.

7D. Bond Guardian (optional)

You can appoint Bond Guardians to act on behalf of the last surviving Bond Owner should they die or become legally, physically or mentally incapacitated. You can give Bond Guardian(s) your chosen level of authority to act in respect of your bond. See PDS Part A for Bond Guardian terms and conditions.

If there are more than two Bond Guardians, please contact us prior to submitting your Application.

Additional identification verification will be required in line with AML/CTF Laws as and when appropriate.

Appointment of Bond Guardian(s) with basic Authorised Functions

I/We would like to appoint this person, or persons, as my/our Bond Guardian(s) and I/we authorise my/our Bond Guardian(s) to have these basic Authorised Functions:

- access to my/our online portal, bond details, personal details and right to receive reports and statements; and
- any other basic Authorised Functions that Futurity may, from time to time, approve.

Bond Guardian 1

Title: (please tick) ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other: (please specify)

First name: Middle name:

Surname:

Date of birth: / /

Residential address: (not a PO Box)

Phone:

Email:

Bond Guardian 2 (Optional)

Title: (please tick) ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other: (please specify)

First name: Middle name:

Surname:

Date of birth: / /

Residential address: (not a PO Box)

Phone:

Email:

Bond Guardian additional Authorised Functions (optional)

☐ I/We authorise my/our Bond Guardian(s) to have the below additional Authorised Functions including:

- switching Investment Options;
- making contributions and Education Benefit Claims or Other Withdrawals (Any Purpose) including making full withdrawals (with Futurity's approval); and
- appointing, removing and replacing Education Beneficiaries.

Authority to give us instructions for joint Bond Guardians

Please elect which joint Bond Guardians have authority to instruct us on your bond.

☐ Any Bond Guardian ☐ All Bond Guardians

☐ Only Bond Guardian 1 ☐ Only Bond Guardian 2

Section 8. Contribution and investment instructions

Your contribution and investment instructions

Please select your plan type (select one only):

☐ **Lump Sum Plan**

$

(minimum Lump Sum Plan Initial Contribution amount is $5,000)

Lump Sum Plan Initial Contribution method: (please tick)

☐ BPAY® – We will contact you after receiving your Application to provide these details to you

☐ Direct debit – Please complete Section 10 Direct Debit Request

Lump Sum Plan Initial Contribution direct debit date: / /

If you have selected direct debit for your Lump Sum Plan Initial Contribution method, the direct debit will be made on the date provided above, or the next Melbourne Business Day if the date falls on a weekend or public holiday. If a Lump Sum Plan Initial Contribution direct debit date is not provided or if the date provided is before the Application is received and processed by Futurity, then the Lump Sum Plan Initial Contribution direct debit date will be the day the Application is received and processed by Futurity. The Unit Price applied to the Lump Sum Plan Initial Contribution amount is determined by the date the direct debit clears, not the date funds are debited from your bank account.

OR

☐ **Savings Plan**

Savings Plans allow you to grow your investment by making regular additional contributions at a frequency and amount specified by you. Saving Plan contributions will be invested according to the Default Investment Allocation on your bond.

Initial contribition:

$

(minimum $1,000)

Savings Plan Initial Contribution method: (please tick)

☐ BPAY® – We will contact you after receiving your Application to provide these details to you

☐ Direct debit – Please complete Section 10 Direct Debit Request

Savings Plan Initial Contribution direct debit date: / /

If you have selected direct debit for your Savings Plan Initial Contribution method, the direct debit will be made on the date provided above, or the next Melbourne Business Day if the date falls on a weekend or public holiday. If a Savings Plan Initial Contribution direct debit date is not provided or if the date provided is before the Application is received and processed by Futurity, then the Savings Plan Initial Contribution direct debit date will be the day the Application is received and processed by Futurity. The Unit Price applied to the Savings Plan Initial Contribution amount is determined by the date the direct debit clears, not the date funds are debited from your bank account.

Savings Plan contribution:

$

(paid by direct debit only)

Savings Plan frequency: (please tick)

☐ Fortnightly ☐ Monthly ☐ Quarterly

☐ Half-yearly ☐ Yearly

Note: The total annual minimum Savings Plan contribution for monthly, quarterly, half-yearly and yearly frequency is $2,400. For example, minimum $200 per month or $600 per quarter. The minimum fortnightly frequency Savings Plan contribution is $100.

First Savings Plan direct debit date: / /

If you have selected monthly, quarterly, half-yearly or yearly frequency, the first Savings Plan direct debit date can only be scheduled on the 1st to the 28th of the month. If you have selected fortnightly frequency, the first Savings Plan direct debit date can only fall on Melbourne Business Days.

The first direct debit for your Savings Plan will be made on the date provided above, or the next Melbourne Business Day if the date falls on a weekend or public holiday. If a first Savings Plan direct debit date is not provided then the first Savings Plan direct debit date will be the day the Application is received and processed by Futurity.

For monthly, quarterly, half-yearly and yearly frequency, if the first Savings Plan direct debit date provided is before the Application is received and processed by Futurity, then the first Savings Plan direct debit date will be on the next month of the provided day above, or the next Melbourne Business Day if the date falls on a weekend or public holiday.

For fortnightly frequency, if the first Savings Plan direct debit date provided is before the Application is received and processed by Futurity, then the first Savings Plan direct debit date will be on the next valid fortnightly date, or the next Melbourne Business Day if the date falls on a public holiday.

The Unit Price applied to Savings Plan direct debit contributions is determined by the date the direct debit clears, not the date funds are debited from your bank account.

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You are also able to specify the rate at which your regular contributions will increase on the anniversary of your bond's Commencement Date.

Savings Plan escalation feature – annual increase: % 0-25% per annum

▶ Please also complete Section 10 Direct Debit Request to set up a Savings Plan

All applicants must provide their source of funds for this investment.
We are required by law to understand where the money for this investment is coming from.

- ☐ Salary and wages
- ☐ Business income (earnings, profits)
- ☐ Dividends, interest, or investment income
- ☐ Proceeds from sale of real estate
- ☐ Proceeds from sale of personal assets (e.g. vehicle, shares, collectibles)
- ☐ Loan or credit (e.g. mortgage, personal loan)
- ☐ Gift or inheritance

Other: (please specify)

Dollar cost averaging (optional)

Available subject to meeting the following conditions:

- Minimum Lump Sum Plan or Savings Plan Initial Contribution of $25,000; and
- Direct debit Lump Sum Plan or Savings Plan Initial Contribution method.

Dollar cost averaging is available where a minimum Lump Sum Plan or Savings Plan Initial Contribution of $25,000 is invested via the direct debit payment method, up to a maximum of 12 equal monthly dollar cost averaging switches. The initial contribution will be initially invested in the Futurity Sectoral Active - Cash Investment Option (or another cash Investment Option as we determine from time to time) and progressively switched into your chosen Investment Options monthly according to your Default Investment Allocation, as at the time of each switch, over your selected number of monthly dollar cost averaging switches.

Please specify below the number of monthly dollar cost averaging switches to be made, if you want to dollar cost average your Lump Sum Plan or Savings Plan Initial Contribution according to your Default Investment Allocation.

Number of monthly dollar cost averaging switches: (maximum of 12 switches)

The first dollar cost averaging switch will be made in accordance with your Lump Sum Plan or Savings Plan Initial Contribution direct debit date.

The Lump Sum Plan or Savings Plan Initial Contribution direct debit date also sets the day of the month for each subsequent monthly dollar cost averaging switch, or the next Melbourne Business Day if the switch date falls on a weekend or public holiday.

Important: If you commence a dollar cost averaging facility, the auto-reweight facility cannot be activated on your bond. Auto-reweight facility instructions can be provided after the dollar cost averaging facility has ended. Refer to PDS Part A for further details.

Auto-reweight facility (optional)

Auto-reweight will perform switches on the bond to return the Investment Option holdings to the Default Investment Allocation at a frequency of your choosing.

If you want your Investment Option holdings automatically reweighted back to the Default Investment Allocation for your bond, please select your preferred auto-reweight frequency below.

☐ Quarterly ☐ Half-yearly ☐ Yearly

Auto-reweight effective starting month: MM / YYYY

The auto-reweight starting month cannot be the current month. Please select a starting month that is after the current month.

Auto-reweight is actioned on the 25th day of the month in accordance with the selected frequency and auto-reweight effective starting month or the next Melbourne Business Day if the date falls on a weekend or public holiday.

Important: If you commence a dollar cost averaging facility, the auto-reweight facility cannot be activated on your bond. Auto-reweight facility instructions can be provided after the dollar cost averaging facility has ended. Refer to PDS Part A for further details.

Section 9. Default Investment Allocation

The minimum allocation to an individual investment option for Initial Contributions is $500 for Lump Sum Plans and $100 for Savings Plans. For ongoing Savings Plans, the minimum allocation to an individual investment option is $50.

You can use one Investment Option or construct your own investment portfolio by diversifying across our wide range of Investment Options on the menu – refer to our website for more details.

The Default Investment Allocation will be used for your Initial Contribution and any subsequent additional contributions. The Default Investment Allocation will also be used for ongoing Savings Plan contributions, auto-reweight and dollar cost averaging (if applicable).

Investment Option	Underlying Managed Fund	Futurity Code	$	%
Futurity Managed & Blended Options				
Futurity Managed & Blended – Balanced Portfolio		FM1	$	%
Futurity Managed & Blended – Growth Portfolio		FM2	$	%
Futurity Managed & Blended – Responsible Investment Portfolio		FM3	$	%
Diversified Indexed Options				
Diversified Indexed – Conservative	Vanguard Conservative Index Fund	DP1	$	%
Diversified Indexed – Balanced	Vanguard Balanced Index Fund	DP2	$	%
Diversified Indexed – Growth	Vanguard Growth Index Fund	DP3	$	%
Diversified Indexed – High Growth	Vanguard High Growth Index Fund	DP4	$	%
Diversified Indexed – All Growth	Vanguard Diversified All Growth Index ETF	DP5	$	%
Diversified Actively Managed Options				
Diversified Active – Conservative	MLC Wholesale Horizon 2 Income Portfolio	DA1	$	%
Diversified Active – Balanced	MLC Wholesale Horizon 3 Conservative Growth Portfolio	DA2	$	%
Diversified Active – Growth	MLC Wholesale Horizon 4 Balanced Portfolio	DA3	$	%
Diversified Active – High Growth	MLC Wholesale Horizon 5 Growth Portfolio	DA4	$	%

Continued on next page ▶

Investment Option	Underlying Managed Fund	Futurity Code	$	%
Diversified Actively Managed Options (continued)				
Diversified Active – Balanced – 2	Dimensional World Allocation 50/50 Trust	DA5	$	%
Diversified Active – Growth – 2	Dimensional World Allocation 70/30 Trust	DA6	$	%
Diversified Active – Growth – 3	Perpetual Diversified Growth Fund	DA7	$	%
Diversified Active – High Growth – 2	Pendal Active High Growth Fund	DA8	$	%
Diversified Active – Responsible Investment	Dimensional Sustainability World Allocation 70/30 Trust	DA9	$	%
Diversified Active – Responsible Investment – 2	Pendal Sustainable Balanced Fund	DA10	$	%
Diversified Active – All Growth	Dimensional World Equity Trust	DA11	$	%
Sector-specific Indexed Options				
Sectoral Indexed – Australian Fixed Income	Vanguard Australian Fixed Interest Index Fund	SP1	$	%
Sectoral Indexed – Australian Equities	Vanguard Australian Shares Index Fund	SP2	$	%
Sectoral Indexed –International Equities	Vanguard International Shares Index Fund – Hedged	SP3	$	%
Sectoral Indexed – Emerging Market Equities	Vanguard Emerging Markets Shares Index Fund	SP4	$	%
Sectoral Indexed – Property	Vanguard Australian Property Securities Index Fund	SP5	$	%
Sectoral Indexed – Responsible Investment	Vanguard Ethically Conscious International Shares Index Fund – Global Equities	SP6	$	%
Sectoral Indexed – International Fixed Income	Vanguard Global Aggregate Bond Index Fund (Hedged)	SP7	$	%
Sectoral Indexed – International Equities – 2	iShares S&P 500 ETF	SP8	$	%

Continued on next page ▶

Investment Option	Underlying Managed Fund	Futurity Code	$	%
Sector-specific Actively Managed Options				
Sectoral Active – Cash	First Sentier Institutional Cash Fund	SA1	$	%
Sectoral Active – Australian Fixed Income	PIMCO Australian Bond Fund	SA2	$	%
Sectoral Active – Australian Equities	AllianceBernstein Managed Volatility Equities Fund – MVE Class – Active ETF	SA3	$	%
Sectoral Active – International Equities	MFS Hedged Global Equity Trust	SA4	$	%
Sectoral Active – Emerging Market Equities	MFS Emerging Markets Equity Trust	SA5	$	%
Sectoral Active – International Fixed Income	PIMCO Global Bond Fund	SA6	$	%
Sectoral Active – Responsible Investment	Perpetual ESG Australian Share Fund	SA7	$	%
Sectoral Active – Responsible Investment – 2	Australian Ethical Australian Shares Fund (Wholesale)	SA8	$	%
		Total gross contribution*: The total for for the dollar amount ($) column must match the Initial Contribution amount specified in Section 8 or the total for the percentage (%) column must be 100%	**$**	%

* Your total gross contribution and respective allocations to your selected Investment Options may be reduced by state duty and/or an Initial Advice Fee (if applicable). This will be detailed on your Confirmation Certificate.

Section 10. Direct Debit Request – optional

Please complete this section only if any of the following applies to this Application:

- **You have selected direct debit as your Lump Sum Plan or Savings Plan Initial Contribution method.**
- **You have elected to set up a Savings Plan.**

Direct Debit Authorisation and Request

Please provide your Australian financial institution information below.

Account details

BSB number: Account number:

Name of financial institution:

Account name:

Note: If debiting from a joint account, both names must be listed above and both parties must sign this form below.

Direct Debit Authority

I/We:

- request and authorise Futurity Investment Group Limited, user ID 609767, to arrange for funds to be debited from my/our account as described above and throughout the Application Form through the Bulk Electronic Clearing System (BECS); and
- have read and understood the terms and conditions of the Direct Debit Request Service Agreement contained in the combined Financial Services Guide and Product Disclosure Statement and agree to them.

I/We, the applicant(s) whose signature(s) appears below, confirm that I am/we are the account holder(s) or authorised signatory(s) of the Australian financial institution account provided in this Application Form.

Authorised Australian Financial Institution Account Signatory 1

Signature:

Print name:

Date: / /

Authorised Australian Financial Institution Account Signatory 2

Signature:

Print name:

Date: / /

Section 11. Your declaration and signature

Your acknowledgments and declaration

I/We being the applicant(s) whose signature(s) appears below, request Futurity to issue an Education Bond for my/our sole purpose of providing Education Benefits to my/our Education Beneficiary(s) and by completing and signing this Application, I/we:

- accept that I/we have received and read the PDS for this product;
- confirm that the statements made in this Application Form are true and correct;
- undertake to perform and be bound by the Product Rules (as amended from time to time), this PDS and the terms of this Application;
- accept and agree to 'Your acknowledgments, declarations and additional terms and conditions' in PDS Part A;
- agree to receive all communications (including the annual Bond Owner Statement, meeting notices and Futurity Annual Reports) by Electronic Means either via the online portal, the Futurity website or otherwise by email to my email address or, in the case of joint Bond Owners, the email address of the primary member (note – you may update your preference at any time by contacting us);
- confirm and agree that, if the 'Future Activated Transfer' section is completed, I/we are bound by the terms of the Future Activated Transfer (Memorandum of Transfer) herein which will not be operative at law until signed by both parties and registered by Futurity, and which will cancel Bond Estate Nominations and remove relevant Appointed Associates in place at the time of transfer. I/We also acknowledge that existing Regular Savings Plan arrangements, auto-reweight facility and dollar cost averaging facility will also be removed upon transfer;
- confirm and agree that, if I/we have a Financial Adviser acting for me/us, the Financial Adviser's remuneration arrangement as set out in the 'Financial Adviser' section of this Application Form is the arrangement agreed between me/us and my/our Financial Adviser and hereby give to Futurity my/our Initial Advice Fee instruction under the Product Rules; and
- undertake to notify Futurity within 30 days if any information in this Application Form changes or becomes incorrect, incomplete or misleading.

Bond Owner / Director / Trustee 1

Signature:

Print name:

Capacity:

Date: / /

☐ Please keep me informed with Futurity insights, market research and news about Futurity and our products.

Bond Owner / Director / Trustee 2

Signature:

Print name:

Capacity:

Date: / /

☐ Please keep me informed with Futurity insights, market research and news about Futurity and our products.

Bond Owner / Director / Trustee 3

Signature:

Print name:

Capacity:

Date: / /

☐ Please keep me informed with Futurity insights, market research and news about Futurity and our products.

☐

Futurity insights, market research and product news

By ticking the box under your signature on this page, you are requesting to receive Futurity insights, market research and Futurity product news to your nominated email address. Your subscribe/unsubscribe preferences may be updated or changed at any time by contacting us.

Your details are securely maintained in accordance with our Privacy Policy summarised in PDS Part A and available on our website.

Section 12. Financial Adviser

Financial Adviser Form – Financial Adviser to complete

If you have a Financial Adviser acting on your behalf, including where you have agreed to have Financial Adviser Fees deducted from your bond, they will complete this section to convey your instructions to us.

12A. Financial Adviser's details

The provisions relating to Financial Adviser remuneration are in the 'Fees and other costs' section of PDS Part A.

Financial Adviser name: | Financial Adviser's ASIC number:

Dealer group name: | Dealer group AFSL:

Name of financial advisory firm: (if applicable)

Email of Financial Adviser: (for access to the online portal)

Postal address:

Financial Adviser's phone: | Business number:

Adviser Representative

Would you like to appoint your Financial Adviser as an Adviser Representative?

Please refer to the PDS for Adviser Representative terms and conditions.

☐ Yes (default) – I have read the PDS and agree to the terms and conditions associated with appointing an Adviser Representative. The Financial Adviser nominated in Section 12 is authorised as the Adviser Representative until I instruct otherwise.

☐ No

You can appoint or remove your Financial Adviser as an Adviser Representative by providing written instructions to us at any time.

12B. Financial Adviser remuneration

If an agreement has been made between you and your Financial Adviser for payment of advice fees for agreed services provided by your Financial Adviser, you can instruct Futurity to deduct these fees from your bond.

Initial Advice Fee (once-off)

This amount has been agreed to be deducted from the Initial Contribution amount as a once-off Initial Advice Fee. This fee will be deducted proportionately across your selected Investment Options.

$ (including GST)

OR

% (including GST)

12C. Financial Adviser declarations – Financial Adviser to complete

General declarations

I/We or dealer group (as applicable):

- confirm that I/we hold an AFSL or are authorised through a holder of a current AFSL;
- confirm that I/we have provided the applicant(s) with all the necessary information concerning their chosen investment, including the PDS (and any Supplementary PDS);
- have fully disclosed all fees and costs associated with investing in the Education Bond(s);
- agree to be bound by the provisions relating to Financial Adviser remuneration as set out in the 'Fees and other costs' section in the accompanying PDS Part A and confirm that fees and any agreed Financial Adviser's remuneration has been fully disclosed and explained to my/our applicant(s);
- confirm that I/we will report to Futurity within 10 Melbourne Business Days of the end of each calendar quarter on any complaints in relation to the product's design, features and distribution, feedback related to the product and its performance, as well as any dealings outside the TMD and whether such dealings were as a consequence of personal advice provided by me/us; and
- confirm that I/we will report to Futurity significant dealings in the product that are not consistent with the TMD as soon as practicable and, in any case, within 10 Melbourne Business Days of becoming aware of the significant dealings.

Target Market Determination declaration

I/We attest that, in recommending this product:

- I/we have considered the current TMD for the product;
- I/we have provided personal advice;
- the client is within the current Target Market Determination or, where the client is not within the current TMD, I/we have provided high-level details regarding this outside dealing below (e.g. relating to clients' needs and objectives, financial situation and/or eligibility).

Financial Adviser signature:

Print name:

Date: / /

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Futurity Investment Group Limited

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Email: investorcare@futurityinvest.com.au

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