



Adding a Life Insured Form

This form is to be used if you wish to add additional Life/Lives Insured to your bond and/or change the preferred Bond Death Maturity event that will prompt a Bond Death Maturity. A Life Insured cannot be removed from your bond.

Section 1 – Bond Owner Details

Client number(s):	CL5	Bond number:	EB
	CL5		
Bond Owner(s):			
Email:			
Phone:			

Section 2 – Life Insured details

I/We wish to add a Life Insured to my/our bond.

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:						

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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 3 – Preferred Bond Death Maturity event

Important: Please provide a selection below. If you do not provide a selection, your preferred Bond Death Maturity event will default to the death of the last surviving Life Insured.

I/We nominate the following event to prompt a Bond Death Maturity:

- ☐ the death of the last surviving Life Insured (default)
- ☐ the death of the following nominated Life Insured:

Please specify the name of the nominated Life Insured whose death will prompt a Bond Death Maturity:

Section 4 – Declaration and signature

I/We confirm that, to the best of my/our knowledge, the information provided on this form is true and correct.

I/We authorise Futurity Investment Group Limited to act on and process the instructions set out in this form.

I/We acknowledge that a Life Insured cannot be removed from my/our bond once applied.

I/We confirm that I/we have obtained a copy of the current combined Financial Services Guide and Product Disclosure Statement, have read and understood it and agree to be bound by the terms and conditions contained within the document.

Authorised Signatory 1

Signature:	
Print name:	
Capacity:	
Date:	/ /

Authorised Signatory 2

Signature:	
Print name:	
Capacity:	
Date:	/ /

To submit your completed form, please log into your portal and use the document upload function to securely share this document with us.

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