



Education Beneficiary Claim Authorisation Form

This form is to be completed when you want to allow an Education Beneficiary to make Education Benefit Claims on your Education Bond. Please note the Education Beneficiary must be over 16 years of age to make Education Benefit Claims.

We are required to comply with Anti-Money Laundering and Counter-Terrorism Financing Laws, including the need to establish the identity of persons associated with the investment. To support this, we require details of a current driver's licence or passport of relevant individuals. If you are unable to provide details of a driver's licence or passport of the Education Beneficiary, please contact us on 1300 345 456 for a list of other eligible identification documents. We may, from time to time, require additional information to assist with this process.

Section 1 – Bond Owner details

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

Section 2 – Education Beneficiary details

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:						
Phone:						
Email:						

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Identification verification

Photo ID provided (please tick): ☐ Driver's Licence **OR** ☐ Passport

If you are over 16, complete the following question. Otherwise, proceed to the Section 3.

Are you a Politically Exposed Person? (refer to the Product Disclosure Statement for the definition) (please tick): ☐ Yes ☐ No

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

- | | |
|--|---|
| ☐ Employment income | ☐ Inheritance |
| ☐ Business ownership or business income | ☐ Gift/Donation |
| ☐ Investment income or capital growth | ☐ Compensation or insurance payout |
| ☐ Sale of a business or major asset | ☐ 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, you will need to complete a separate FATCA/CRS Form available on our website.

Section 3 – 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 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.

Bond Owner 1

Signature:

Print name:

Date:

Bond Owner 2

Signature:

Print name:

Date:

Please provide a signature of the authorised Education Beneficiary below for us to use to verify transaction requests.

Education Beneficiary signature

Signature:

Print name:

Date:

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

Futurity Investment Group Limited

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