FUTURITY

Bond Guardian Activation Form

This form is to be used in the event of the last surviving Bond Owner passing away or becoming legally, physically or mentally incapacitated in order to activate the Bond Guardian roles and enable them to undertake Authorised Functions in respect of the bond. If there are more than two Bond Guardians, please contact us.

For Futurity Investment Group Limited (Futurity) to finalise this Bond Guardian activation, we will require a certified copy of the death certificate or medical/legal certification of the last surviving Bond Owner's incapacity to act for themselves.

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 Bond Guardian, 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:

CL5

Bond Owner(s):

Email:

Phone:

Section 2 – Bond Guardian details

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)

Occupation:

Phone:

Email:

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Identification verification

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

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

If 'Yes' to the above question, please provide your 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 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.

Bond Guardian 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)

Occupation:

Phone:

Email:

Identification verification

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

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

If 'Yes' to the above question, please provide your 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)

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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, you will need to complete a separate FATCA/CRS Form available on our website.

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
☐ Only Bond Guardian 1
☐ All Bond Guardians
☐ Only Bond Guardian 2

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

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

Futurity Investment Group Limited

Level 15, 333 Collins Street
Melbourne VIC 3000
Phone: 1300 345 456

Email: investorcare@futurityinvest.com.au
Website: futurityinvest.com.au
ACN 087 648 879 | AFSL 236665

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