All correspondence and enquiries to:

# Centuria

**FULL NAME(S) OF REGISTERED HOLDING** 

**REGISTERED ADDRESS** 

GPO Box 3993 Sydney NSW 2001 Tel: 1300 50 50 50 (within Aust) Tel: +61 2 8923 8923 (outside Aust) centuriainvestor.com.au enquiries@centuria.com.au

You are required to insert this number **BOND NUMBER** 

### INVESTMENT PLAN DIRECT DEBIT REQUEST (DDR): CENTURIA LIFEGOALS

USE A **BLACK PEN.** PRINT IN CAPITAL LETTERS INSIDE THE BOXES

• Please note direct debit maximum is \$500,000. If your investment is greater than this please use BPAY or EFT. These details of payment options can be found in the PDS.

Section 1	Request de	tails	
New p	lan	Amend existing plan	Cancel plan

This form is to authorise us to debit your additional investment plan payments from your nominated account with another financial institution.

 I/We wish to participate in the additional investment plan and I/We agree to be bounded by the service agreement terms and conditions outlined below.

Individual 1	GIVEN NAME	SURNAME		
STREET/PO BOX	K			
Individual 2	GIVEN NAME	SURNAME		
STREET/PO BOX	(			
Direct debits ar business day yo	/	y falls on a weekend y also take funds up frequency MONTHLY	, public holiday, state hol to three days to clear dep QUARTERLY	iday or a non- pending on the ANNUALLY

Would you like the regular contribution to automatically increase annually to take advantage of the 125% rule? If so, by how much would you like the contribution amount to increase on the anniversary of you commencing the regular contribution plan?

0% (DEFAULT) 5% 10% 15% 20% 25%

Bond name	Amount \$	Bond name	Amount \$
Centuria LifeGoals Pendal Short Term Income Securities Fund		Centuria LifeGoals T. Rowe Price Global Equity Fund	
Centuria LifeGoals Vanguard Australian Fixed Interest Index Fund		Centuria LifeGoals Magellan Global Fund	
Centuria LifeGoals BetaShares Australian Investment Grade Corporate Bond ETF		Centuria LifeGoals Vanguard Australian Property Securities Index Fund	
Centuria LifeGoals Vanguard Diversified Balanced Index Fund		Centuria LifeGoals Magellan Infrastructure Fund	
Centuria LifeGoals Russell Investments Balanced Fund		Centuria LifeGoals Pimco Australian Bond Fund	
Centuria LifeGoals MLC Wholesale Horizon 4 Balanced Portfolio		Centuria LifeGoals Pimco Global Bond Fund	
Centuria LifeGoals Vanguard Diversified Growth Index Fund		Centuria LifeGoals Pendal Sustainable Balanced Fund	
Centuria LifeGoals Russell Investments Growth Fund		Centuria LifeGoals Alphinity Sustainable Share Fund	
Centuria LifeGoals MLC Wholesale Horizon 5 Growth Portfolio		Centuria LifeGoals Greencape Broadcap Fund	
Centuria LifeGoals Schroder Real Return CPI + 5% Fund		Centuria LifeGoals Vanguard International Small Companies Index Fund	
Centuria LifeGoals Vanguard Australian Shares Index Fund		Centuria Capital Stable Fund No.1	
Centuria LifeGoals AB Managed Volatility Equites Fund		Centuria Balanced Fund	
Centuria LifeGoals Bennelong Concentrated Australian Equites Fund		Centuria Growth Bond Fund	
Centuria LifeGoals Firetrail Australian High Conviction Fund		Centuria Australian Shares Fund	
Centuria LifeGoals BetaShares Geared Australian Equity Fund (hedge fund)		Centuria Capital Stable Fund No.2	
Centuria LifeGoals Fidelity Future Leaders Fund		Centuria LifeGoals Vanguard Diversified High Growth Index Fund	
Centuria LifeGoals Vanguard International Shares Index Fund		Centuria DWA CARE Core High Growth Fund	
Centuria LifeGoals Walter Scott Global Equity Fund (Unhedged)		Centuria DWA CARE Genuine Edge Fund	
		Total \$	

## Section 3

## Banking details advice

NAME(S) IN WHICH YOUR ACCOUNT IS HELD

BSB NUMBER ACCOUNT NUMBER

NAME OF FINANCIAL INSTITUTION

BRANCH SUBURB/TOWN

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#### THIS MUST BE COMPLETED.

#### Please note:

- · This form should be signed by the Policy Holder.
- · If a joint holding, all Policy Holders should sign.
- If signed by the Policy Holder's attorney, an originally certified copy of the power of attorney must have been previously provided. If not, an 'Appointment of Power of Attorney' form must be completed and submitted with this form. In signing this form as attorney you confirm tha you have not received any notice of revocation by death of the grantor or otherwise.
- If executed by a company, the form must be signed by a Director or Company Secretary or otherwise in accordance with the company's constitution.

Policy owner 1	Policy owner 2
Date (DD/MM/YYYY)	Date (DD/MM/YYYY)