

FUND IN WHICH YOUR INVESTMENT IS HELD

FULL NAME(S) OF REGISTERED HOLDING

REGISTERED ADDRESS

All correspondence and enquiries to:

Centuria

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

MEMORANDUM OF ASSIGNMENT

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

Section 1 Bond particulars

BOND HOLDER/ASSIGNOR DETAILS

INVESTOR NUMBER	COMMENCEMENT DATE	
TITLE	GIVEN NAME	SURNAME
STREET/PO BOX		
STATE	SUBURB	POSTCODE
LIFE INSURED		

Section 2 Assignment particulars

ASSIGNEE DETAILS

TITLE	GIVEN NAME	SURNAME
RESIDENTIAL ADDRESS	DATE (DD/MM/YYYY)	
	<input type="text" value="/ /"/>	
STATE	SUBURB	POSTCODE
WORK PHONE	HOME PHONE	MOBILE PHONE
EMAIL ADDRESS	FAX	

PLEASE TURN OVER THE PAGE TO SIGN >

Section 3**Assignee witness details**

REQUIRED TO SIGN BELOW

TITLE	GIVEN NAME	SURNAME
ADDRESS/PO BOX		
STATE	SUBURB	POSTCODE
PHONE	EMAIL ADDRESS	

Section 4**Signature(s) of assignee****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, a 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 that you have not receive 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.

ASSIGNEE	WITNESS
SIGNATURE	SIGNATURE
DATE (DD/MM/YYYY)	DATE (DD/MM/YYYY)
/ /	/ /

PRIVACY

All information collected by Centuria Life Limited is collected and handled in accordance with Centuria's Privacy Policy, a copy of which is available on our website (centuria.com.au) or a copy can be obtained by calling 1300 50 50 50.

Section 5**Bond owner's witness details**

TITLE	GIVEN NAME	SURNAME
ADDRESS/PO BOX		
STATE	SUBURB	POSTCODE
PHONE	EMAIL ADDRESS	

PLEASE TURN OVER THE PAGE TO SIGN >

Section 6**Signature(s) of bond owner****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, a certified copy of the power of attorney must have been previously provided. If not, an 'Appointment of any Power of Attorney' form must be completed and submitted with this form. In signing this form as attorney you confirm that you have not receive 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.

BOND OWNER

SIGNATURE

DATE (DD/MM/YYYY)

/	/
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WITNESS

SIGNATURE

DATE (DD/MM/YYYY)

/	/
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Office use only

ASSIGNMENT REGISTER NUMBER

SIGNATURE - SIGNATURE OF AUTHORISED OFFICER

SIGNATURE

Notes

1. This Memorandum of Assignment is to be completed in duplicate, signed and returned to the Company. Following registration by the Company, one copy will be forwarded to the assignee.
2. As a consequence of registration of the Memorandum of Assignment:
 - a. The Assignor ceases to be a Member of the relevant Benefit Fund and the Assignee becomes a Member of the relevant Benefit Fund.
 - b. Any pre-existing Bond nomination is revoked.
3.
 - a. Assignors must be at least sixteen (16) years; and
 - b. Assignees must be aged at least ten (10) years and until sixteen (16) years can only become an assignee of a Bond with the consent of their parent or guardian.

RETURN ADDRESS

Centuria Life Limited
Investor Services
 GPO Box 3993
 Sydney, NSW 2001

Investor Services
P: 1300 50 50 50
 E: enquiries@centuria.com.au

ABN 79 087 649 054
 AFSL 230 867