Education Savings Plan
Plan Guardian Nomination Form

CBESP-PLG01-001

Please phone the Customer Service Team on 1800 882 289 if you have any questions.
Please PRINT clearly in BLACK pen keeping well within the boxes.
Start at the left, write one letter in each box and leave one box between words.
Use crosses in the boxes marked with an "X".

Step One Your Details

Surname

First Name(s)

Address

Suburb

State Postcode

Phone

Student

Step Two Declaration

I/We

investor(s) of the above plan, hereby revoke all previous nominations of plan guardian made by me/us, and nominate the following person as plan guardian who will take administrative control of my/our plan in the event of my/our death or intellectual disability before my/our nominated student has completed their education, in accordance with the rules of the Plan. The plan guardian must be at least 18 years old.

Step Three Nomination of Plan Guardian

Plan Guardian Name

Date of Birth DDMMYYYY Email

Address

Suburb

State Postcode

Daytime Phone Evening Phone

Step Four Signatures

Investor Date DDMMYYYY

Investor Date DDMMYYYY

Lifeplan Funds Management is a business name of
Lifeplan Australia Friendly Society Ltd.
ABN 78 087 649 492 AFSL 237989

Return by Fax to:
Fax us the completed form on (08) 8212 2790

Return by Post to:
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