

Additional Investment form



Use this form if you want to make additional investments to your existing Generation Life bond investment.

Please complete these instructions in **BLACK/BLUE INK** using **CAPITAL LETTERS** (except for your email address).

The minimum additional investment amount is \$500.

1. Investor details

Client number Bond number

Title Mr Mrs Ms Other (please specify)

Given name(s)

Surname

Date of Birth / /

Phone number () Mobile number

Email address

2. Amount to be invested and method of investment

Additional investment amount \$.00

Select your method of investment:

- Direct debit – complete the direct debit authorisation
- Cheque – please make your cheque payable to **Generation Life Ltd** and cross it “Not Negotiable”
- EFT/Direct credit -- please contact Investor Services on 1800 806 362 for account details into which to electronically transfer funds. Include your investor name in the reference details.

3. Direct debit authorisation

Name of financial Institution

Branch name

Account name

BSB number – Account number

I/We request Generation Life Limited (Direct Debit User ID 263858) to arrange for funds to be debited from my/our account as described in this form. I/We have read and understood the terms and conditions of the Direct Debit Service Agreement contained in the current Product Disclosure Statement and agree to them.

Important note: The account name with the above financial institution must be the same as the name of the bond investment.

Account Holder 1

Signature

Account Holder 2

Signature

4. Identification information

Anti- Money Laundering and Counter Terrorism Financing Laws require that we collect this information.

Please select the origin and source of funds being invested

- Income from regular employment
- Investments
- Business income
- Sale of assets
- Windfall (e.g. gift, lottery winnings)
- Borrowed funds
- Other (please specify)

5. Progressive investing

For investment amounts of \$25,000 or more, you can elect to have your investment amount progressively invested into your selected investment options. Your investment will initially be invested in the cash investment option (Macquarie Treasury Fund).

Progressively invest \$ per month.

The progressive investment facility is subject to the terms and conditions contained in the current Product Disclosure Statement.

6. Investment allocation

Please allocate my investment according to my existing investment allocation.

OR

Specify the amount you wish to invest in each investment option (refer to the current Product Disclosure Statement for details of investment options available)

Option code	Amount to be invested		
<input style="width: 280px;" type="text"/>	\$ <input style="width: 150px;" type="text"/>	OR	<input style="width: 150px;" type="text"/> %
<input style="width: 280px;" type="text"/>	\$ <input style="width: 150px;" type="text"/>	OR	<input style="width: 150px;" type="text"/> %
<input style="width: 280px;" type="text"/>	\$ <input style="width: 150px;" type="text"/>	OR	<input style="width: 150px;" type="text"/> %
<input style="width: 280px;" type="text"/>	\$ <input style="width: 150px;" type="text"/>	OR	<input style="width: 150px;" type="text"/> %
<input style="width: 280px;" type="text"/>	\$ <input style="width: 150px;" type="text"/>	OR	<input style="width: 150px;" type="text"/> %
<input style="width: 280px;" type="text"/>	\$ <input style="width: 150px;" type="text"/>	OR	<input style="width: 150px;" type="text"/> %
<input style="width: 280px;" type="text"/>	\$ <input style="width: 150px;" type="text"/>	OR	<input style="width: 150px;" type="text"/> %
<input style="width: 280px;" type="text"/>	\$ <input style="width: 150px;" type="text"/>	OR	<input style="width: 150px;" type="text"/> %
<input style="width: 280px;" type="text"/>	\$ <input style="width: 150px;" type="text"/>	OR	<input style="width: 150px;" type="text"/> %
<input style="width: 280px;" type="text"/>	\$ <input style="width: 150px;" type="text"/>	OR	<input style="width: 150px;" type="text"/> %
Total	\$ <input style="width: 150px;" type="text"/>		<input style="width: 150px;" type="text"/> %

Total dollar (\$) amount must equal the amount invested in section 2.

7. Declaration

I/We declare that all details in this form are true and correct.

I/We authorise Generation Life Limited to process the instructions set out in this form.

I/We confirm that I/we have a copy of the current Product Disclosure Statement and that I/we have read, understood and retained for future references.

8. Signature(s)

If this form is signed under Power of Attorney the attorney certifies that he/she has not received notice of revocation of that power.

Investor 1

Name *(please print)*

Signature

Date / /

Please select appropriate box

Individual

Director

Trustee

Power of Attorney

Investor 2

Name *(please print)*

Signature

Date / /

Please select appropriate box

Individual

Director

Trustee

Power of Attorney

If your power of attorney has not previously been registered by us, we will require a certified copy of the power of attorney document as well as the appropriate proof of identification documents in accordance with the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (AML/CTF Law).

Please retain a copy of this form for your records.

Form to be sent to

Generation Life PO Box 263 Collins Street West Melbourne VIC 8007

Enquiries

Phone: 1800 806 362

Email: enquiry@genlife.com.au

www.genlife.com.au

Issued by: Generation Life Limited ABN 68 092 843 902 AFS Licence 225408