

# Authorised representative appointment



Use this form if you want to appoint or remove an authorised representative.

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

## 1. Investor details

Client number

Title  Mr  Mrs  Ms  Other (please specify)

Given name(s)

Surname

Date of Birth  /  /

Phone number (  )  Mobile number

Email address

## 2. Authorised representative details

Cancel the current authorised representative attached to my investment(s)

Appoint my financial adviser as my authorised representative. Refer to the current Product Disclosure Statement for terms and conditions.

Name of financial adviser

Adviser's company or dealer group name

Dealer group AFSL

Postal address Unit/Street No.  Street name

Suburb

State  Post code  Country

Email of financial adviser

Financial adviser business telephone (  )

Financial adviser mobile

### Authorised representative signature

Signature  Date  /  /

### 3. Declaration

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

I/We cancel and revoke any previous authorised representative instructions made by me/us in respect to the above investment(s).

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.

### 4. Signatures

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](mailto:enquiry@genlife.com.au)

[www.genlife.com.au](http://www.genlife.com.au)

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