

Use this form to change details for your ChildBuilder investment.

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

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

Nominated child's name

Nominated child's date of birth / /

2. Change nominated child vesting age or date

Change child vesting date

Age years (between 10-25 years of age)

OR

The following date / /

(not being before the child's 10th birthday or after the child's 25th birthday)

3. Change access to investment proceeds

The following selection(s) will replace instructions previously given

No restrictions. The child will be able to access the investment immediately on vesting.

OR

Restrictions on withdrawals by child to fixed dollar amount of:

\$ p.a.

OR

% of the investment balance p.a. for years from vesting date.

4. Declaration

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

I/We understand that any directions which I/we have given in this form will override any similar directions which I/we have previously given.

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

I/We confirm that I/we have received the latest Investment Bonds PDS, and have read and understood the ChildBuilder terms and conditions detailed within the PDS.

5. 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