

Change of contact details form



Use this form to change your contact details.

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

1. Investor details

| | | | |
|---------------|--|----------------------|----------------------|
| Client number | <input type="text"/> | Bond number | <input type="text"/> |
| Title | <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other (please specify) | <input type="text"/> | |
| Given name(s) | <input type="text"/> | | |
| Surname | <input type="text"/> | | |
| Date of Birth | <input type="text"/> / <input type="text"/> / <input type="text"/> | | |
| Phone number | (<input type="text"/>) <input type="text"/> | Mobile number | <input type="text"/> |
| Email address | <input type="text"/> | | |

2. New contact details

| | | | | |
|---|--|----------------------|-------------|----------------------|
| Residential address | Unit/Street No. | <input type="text"/> | Street name | <input type="text"/> |
| <i>(A PO Box/RMB/ Locked Bag is not acceptable)</i> | Suburb | <input type="text"/> | | |
| | State | <input type="text"/> | Post code | <input type="text"/> |
| | | | Country | <input type="text"/> |
| Postal address | c/- (if applicable) <input type="text"/> | | | |
| <i>(if different to residential address)</i> | Unit/Street No. | <input type="text"/> | Street name | <input type="text"/> |
| | Suburb | <input type="text"/> | | |
| | State | <input type="text"/> | Post code | <input type="text"/> |
| | | | Country | <input type="text"/> |

All correspondence will be sent to your postal address.

Contact details

| | | | |
|---------------|---|---------------|----------------------|
| Home number | (<input type="text"/>) <input type="text"/> | Mobile number | <input type="text"/> |
| Email address | <input type="text"/> | | |

3. 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 release, discharge and agree to indemnify Generation Life Limited and any other related body corporate from and against any action, proceeding claims, losses, liabilities or costs arising from processing the instructions set out in this form.

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

www.genlife.com.au

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