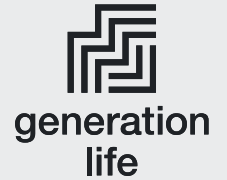


EstatePlanner

Nomination of beneficiaries form



Use this form to nominate or update your LifeBuilder beneficiaries.

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. Bond investment

These instructions are to apply to:

- all LifeBuilder investments
- the following investment(s) (please provide bond number(s))

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Instructions

Beneficiary nominations can only be made by individuals. Companies and trusts are not able to nominate beneficiaries. A life insured cannot be nominated as a beneficiary.

- Revoke/cancel all existing beneficiary nominations – complete section 5.
- Change/replace existing beneficiary nominations – complete this section.

You can make a partial nomination by indicating (below) a total percentage (%) of your benefits less than 100% that will apply to this nomination, with the balance of the benefit proceeds to pass under your will and legal estate.

I/We nominate the following person(s) or entity(ies) to receive the proceeds of the investment benefits balance in the event of the death of the last surviving life insured in accordance with the instructions below and in accordance with the most current Product Disclosure Statement and Product Rules.

3. Instructions continued

Nominated beneficiary details (individuals)

	Full name	Address	Date of birth	% of benefit payable
1			/ /	%
2			/ /	%
3			/ /	%
4			/ /	%
5			/ /	%

Nominated beneficiary details (corporate - such as companies, trusts, partnerships)

	Entity name	Address/registered office	ABN/ACN	% of benefit payable
6				%
Total				%

If you are nominating a legal entity, such as a company or incorporated association, please take care as to correctly name and identify the legal entity – we recommend that you obtain legal advice with these kinds of nominations.

If there is insufficient space to identify all nominated beneficiaries, please provide details on a separate attachment to this form.

If a nominated beneficiary, who is an individual person predeceases me/us, then the nominations will be dealt as follows (select one only):

Joint survivorship (default) - the portion of benefit allocated to the deceased beneficiary(ies) will lapse and be allocated on a joint survivorship basis to the remaining individual person nominee or nominees on a pro-rata basis in accordance with their applicable proportional entitlement derived from the percentages of benefits indicated above.

OR

Down the line - their respective share or shares shall be distributed to their respective legal personal representative (being the person duly appointed as their executor, administrator or legal estate trustee).

4. Declaration

You agree that if you transfer your investment by way of assignment, then this nomination will be cancelled and revoked with effect as from the date of the transfer, except where the transfer relates to a transfer into a Bonds Custodian bare trust.

You declare that all the details given in this Application Form are true and correct.

If you are giving instructions under authority of a power of attorney, you declare that:

- at the relevant time you are acting in that capacity and that the power of attorney is current and valid.
- have not received notice of revocation of that power and agree to provide a certified copy of the power of attorney if requested by Generation Life.
- the instructions you have given are not inconsistent with the powers granted to you under the power of attorney.
- the power of attorney will not be used to directly or indirectly negate or be used in a fashion contrary to the Will or interests of the beneficiaries of the legal estate of the applicant, as donor of the power of attorney.

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