

Life insured and investment term details form (LifeBuilder only)



Use this form if you want to add additional life/lives insured to your existing LifeBuilder investment or change the investment term.

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. Change investment term

New investment term years (between 1-99 years).

The investment term commences from the date your investment was first established.

3. Additional Life Insured

Additional life insured 1

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"/>					
Occupation	<input type="text"/>					
Date of Birth	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	
Residential Address (A PO Box/RMB/ Locked Bag is not acceptable)	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"/>

3. Additional Life Insured continued

Additional life insured 2

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"/>					
Occupation	<input type="text"/>					
Date of Birth	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	
Residential Address	Unit/Street No.	<input type="text"/>	Street name	<input type="text"/>		
(A PO Box/RMB/ Locked Bag is not acceptable)	Suburb	<input type="text"/>				
	State	<input type="text"/>	Post code	<input type="text"/>	Country	<input type="text"/>

Important: A Life insured cannot be replaced or removed after they are nominated.

4. 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 we have received a copy of the current Product Disclosure Statement and that I/we have read and understood the Product Disclosure Statement and agree to be bound by the terms and conditions set out in the Product Disclosure Statement.

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

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