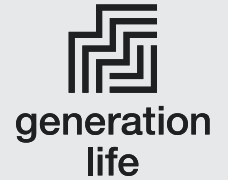


Maturity payment form (LifeBuilder only)



Use this form to nominate how you want to receive your investment proceeds on the maturity of your 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. Maturity payment instructions

Direct credit the following Australian financial institution account.

Name of financial Institution	<input type="text"/>				
Branch name	<input type="text"/>				
Account name	<input type="text"/>				
BSB number	<input type="text"/>	-	<input type="text"/>	Account number	<input type="text"/>

Important note: The account name with the above financial institution must be the same as the name of the investment bond.

OR

Cheque. A cheque will be issued in favour of the investor(s).

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. 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